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**State/Territory Name: Connecticut** 

State Plan Amendment (SPA) #: 25-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

June 23, 2025

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

Re: Connecticut State Plan Amendment (SPA) 25-0018

Dear Commissioner Reeves:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0018. This amendment updates Attachments 3.1-A and 3.1-B of the Medicaid State Plan to comply with CMS' final rule amending 42 CFR 440.90 and authorizing an exception to the Medicaid clinic services "four walls" requirement for Indian Health Services (IHS) and Tribal clinics.

We conducted our review of your submittal according to statutory requirements in Social Security Act Sections 1911 and 42 CFR 440.136. This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 25-0018 is approved on June 23, 2025, effective January 1, 2025.

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

Sincerely,

Shantrina Roberts, Acting Director Division of Program Operations

| DEPARTMENT | OF HEALTH | AND HUMAN SERVICES  |  |
|------------|-----------|---------------------|--|
| CENTERSFOR | MEDICARE  | & MEDICAID SERVICES |  |

FORM APPROVED OMB No. 0938-0193

| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Sections 1911 and 42 CFR 440.136 | 1. TRANSMITTAL NUMBER  2 5 — 0 0 1 8 CT  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI  4. PROPOSED EFFECTIVE DATE  January 1, 2025  6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a FFY 2025 \$ 0 |  |  |  |
|--|---|--|--|--|
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT   | b. FFY 2026 \$ 0  8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION .   |  |  |  |
| Altachment 3.1-A Pages 7a-7f (NEW)   | OR ATTACHMENT (If Applicable)  Attachment 3.1A/B Pages 6a & 7   |  |  |  |
| Attachment 3.1 B Pages 7a-7f (NEW)   |   |  |  |  |
| Attachment 3.1A/B Pages 7-7f   |   |  |  |  |
| Effective January 1, 2025, authorizing a mandatory exception to the Health Services and Tribal 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                                 | Medicaid clinic services "four walls" requirement for Indian  OTHER, ASSPECIFIED:   |  |  |  |
| 12. TYPED N Andrea Barton Reeves, J.D.  13. TITLE Commissioner  14. DATE SUBMITTED   | RETURN TO ate of Connecticut epartment of Social Services Farmington Avenue – 9th floor artford, CT 06105 tention: Ginny Mahoney  |  |  |  |
| March 31, 2025   | EONLY   |  |  |  |
|  | DATE APPROVED   |  |  |  |
| March 28, 2025   | June 23, 2025   |  |  |  |
| PLAN APPROVED - ONE  |   |  |  |  |
|  | SIGNATURE OF APPROVING  |  |  |  |
| Janauary 1, 2025  20. TYPED NAME OF APPROVING OFFICIAL  21   | . TITLE OF APPROVING OFFIC  |  |  |  |
|  |   |  |  |  |
| Shantrina Roberts  22. REMARKS  Pen and ink change request to add Attachm  | acting Director, Division of Program Operations<br>hent 3.1A/B pages 7-7f to CMS 179 Box 7 and  |  |  |  |
| Attachment 3.1A/B pages 6a & 7 to CMS 17   | 79 Box 8 approved by state 6/18/25  |  |  |  |

Attachment 3.1-A and 3.1-B

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| State | Plan  | under  | Title | XIX | of the  | Social  | Security | Act |
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State/Territory: Connecticut

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

### **General Assurances**

## [Select all three checkboxes below.]

- The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

## Types of Clinic Services and Limitations in Amount, Duration, or Scope

[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

| Limitations apply to all services within the benefit category. |  |  |  |  |  |  |  |  |
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PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

| TN: | 25-0018 | Approval Date: |
|-----|---------|----------------|
|     |         |                |

Approval Date: 6/23/2025

Supersedes TN: 13-032 and 23-0012

Effective: D1/01/2025

Attachment 3.1-A and 3.1-B

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|   |   |   | State Plan under   | r Title >   | KIX of the Social Secu   | urity A   | ct  |   |   |
|   |   |   | State/Territory:   | Conne   | ecticut  |   |   |   |   |
|   |   |   | Section  | 1905(a  | a)(9) Clinic Services  |   |   |   |   |
| T   | Types of  | Clinic  | s and Services:  |   |  |   |   |   |   |
| [   | Select a  | ll that   | apply and describe   | below   | as applicable]   |   |   |   |   |
|   | $\checkmark$  |   | avioral Health Clinics (<br>cs below and select  |   | be the types of behaving the state of the types of behavior of the types of types of the types of the types of the types of types of the types of the types of typ | vioral  | health  | 1   |   |
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|   |   |   | [Describe below ar   | d indic   | is clinic type within the<br>cate if limits may be e<br>edical necessity crite   | excee   |   |   |   |
|   |   |   |  |   |  |   |   |   |   |
|   | <b>✓</b>  | IHS   | and Tribal Clinics [Se   | lect be   | low if applicable.]:   |   |   |   |   |
|   |   |   | [describe below ar   | nd indic  | is clinic type within the cate if limits may be of necessity criteria].  |   |   | • •   |   |
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| TN:   | 25-001  | 8   |  |   | Арр  | roval (   | Date: [   | 6/23/2025_  |   |
| Supe  | rsedes T  | N: 2  | 3-0012   | ĺ   | Effe   | ctive:  | 01/01   | /2025   |   |

Attachment 3.1-A and 3.1-B

|   | Page 7b    |
|---|------------|
| State Plan under Title XIX of the Social Sec          | curity Act |
| State/Territory: Connecticut                          |            |
| Section 1905(a)(9) Clinic Services                    |            |
|   |            |
| Renal Dialysis Clinics [Select below if applicable.]: |            |

| Limitations apply only to this clinic type within the benefit category.  [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.] |
|--|
|  |

Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:

> Ambulatory Surgical Centers Family Planning Clinics Medical Clinics - including School-Based Health Centers Methadone Maintenance Clinics Rehabilitation Clinics

All behavioral health services are moved to the Rehabilitative Services benefit category section of the Medicaid State Plan (42 CFR § 440.130(d)).

Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0018

Approval Date: | 6/23/2025

Supersedes TN: 13-032 and 23-0012

Effective: |01/01/2025

# Addendum to Attachment 3.1-A and 3.1-B

|  | Page 7c  |
|--|----------|
| State Plan under Title XIX of the Social Secur | rity Act |
| State/Territory: Conneticut                    | ]        |
| Section 1905(a)(9) Clinic Services             |          |
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PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-2605, Baltimore, Maryland 21244-1850.

| TN:   | 25-0018   |         | Approval D | Date: | 6/23/2025 |  |
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| Super | sedes TN: | 23-0012 | Effective: | 01/01 | 1/2025    |  |

Attachment 3.1-A and 3.1-B

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State/Territory: Connecticut

Section 1905(a)(9) Clinic Services

## Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. [Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:

- Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic [Select all that apply.]:

Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatien with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) [Describe the types of behavioral health clinics such exception applies to below.]:

Private Behavioral Health Clinics and Public Behavioral Health Clinics (also known as Mental Health and Substance Abuse Clinics):

All behavioral health services are moved to the Rehabilitative Services benefit category section of the Medicaid State Plan (42 CFR § 440.130(d)).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security—Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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| TN:   | 25-0018   |         | Approval Da | ate: [ | 6/23/2025 |   |
| Super | sedes TN: | 23-0012 | Effective:  | 01/01  | 1/2025    | 1 |

Attachment 3.1-A and 3.1-B

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|                               |  |  | State Plan u   | nder Title 2   | XIX of the Social Se   | curity Act   |  |   |   |
|                               |  |  | State/Territo  | ory: Conne   | ecticut  |  |  |   |   |
|                               |  |  | Sec  | tion 1905(a  | a)(9) Clinic Services  | 6  |  |   |   |
|                               |  | rural he<br>C.F.R.<br>physic<br><b>check</b>   | ealth clinic (as i<br>440.20(b) of th<br>ian in accordan   | referenced<br>iis subpart)<br>ice with 42  | linic that is located in<br>in section §1905(a)(a)<br>by clinic personnel u<br>C.F.R. 440.90(e) [Se<br>be the definition of a  | 2)(B) of the<br>inder the dir<br>lect one of   | Act and 4 ection of the  | 2<br>a  |   |
|                               |  |  |  | •  | used by a federal goves [Describe below.]  |  | agency   | _   |   |
|                               |  |  |  |  |  |  |  |   |   |
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| TN:                           | 25-0018  |  |  |  | A  | pproval Dat  | e: 6/23/   | 2025  |   |
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Attachment 3.1-A and 3.1-B

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|---|------|-----------|--|--|
|   | Page | <b>7f</b> |  |  |

|   |   |  |  | Page /1   |   |   |
|---|---|--|--|---|---|---|
|   | State Plan  | under Title X  | (IX of the Social Secur  | ity Act   |   |   |
|   | State/Terr  | itory: Conne   | ecticut  |   |   |   |
|   | S   | ection 1905(a  | )(9) Clinic Services   |   |   |   |
|   | The state attests that [Selection outside of a clinic that is I   |  |  | cover se  | ervices   |   |
|   | rura! individuals   | s that meets m   | ural area best captures to<br>lore of the four criteria the<br>enced by individuals wh   | at mirror t   | the needs   |   |
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|   | Additional Benefit Description  At its option the state may properly benefit, beyond what is included and descriptions. [Described]   | provide addition   | nal descriptive informati  |   |   |   |
|   |   |  |  |   |   |   |
| Cen<br>the I<br>law.<br>unle<br>num<br>requ<br>rega | A Disclosure Statement - This use<br>iters for Medicare & Medicaid Se<br>Privacy Act of 1974, any personal<br>An agency may not conduct or sess it displays a currently valid Onber for this project is 0938-1148<br>uirements under this control number<br>arding this burden estimate or an<br>ucing this burden, to CMS, 7500 seer, Mail Stop C4-26-05, Baltimon | rvices in implentally identifying in sponsor, and a puffice of Manage (CMS-10398 # ber is estimated y other aspect of Security Bould | nenting section §1905(a)(9) Iformation obtained will be person is not required to rement and Budget (OMB) (91). Public burden for all of to take about 25 hours per of this collection of informativard, Attn: Paperwork Rec | o) of the Soc<br>kept privat<br>espond to a<br>control num<br>f the collect<br>er response<br>tion, includi | cial Security Act. e to the extent of collection of info ber. The OMB co tion of informatio c. Send comment ing suggestions f | Under<br>f the<br>ormation<br>ontrol<br>n<br>s<br>for |
| TN:   | 25-0018   |  | Appro  | val Date:   | 6/23/2025   |   |
| Supe  | ersedes TN: NEW   |  | Effect   | ive: 01/01  | 1/2025  |   |