

## **Table of Contents**

**State/Territory Name: CT**

**State Plan Amendment (SPA) #: 21-0039**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

March 15, 2022

Deidre S. Gifford, Commissioner  
Department of Social Services  
55 Farmington Avenue, 9<sup>th</sup> Floor  
Hartford, CT 06105-3730

RE: Connecticut 21-0039

Dear Commissioner Gifford:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 21-0039. Effective November 17, 2021, this amendment implements a 4% rate increase for behavioral health providers (including licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, licensed alcohol and drug counselors, psychologists, private psychiatric residential treatment facility (PRTF) and chemical maintenance clinics).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment TN 21-0039 is approved effective November 17, 2021. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or [Novena.JamesHailey@cms.hhs.gov](mailto:Novena.JamesHailey@cms.hhs.gov) or Jerica Bennet at [jerica.bennett@cms.hhs.gov](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

Enclosures

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

1. TRANSMITTAL NUMBER  
2 1 — 0 0 3 9

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  
**November 17, 2021**

5. FEDERAL STATUTE/REGULATION CITATION  
SSA Sec. 1905(a)(6),(9),(13),(16); 42 CFR 440.60,90,130(c),160


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a FFY 2022 \$ 7,154,886  
b FFY 2023 \$ 9,001,269

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 4.19-A, Page 28(b)  
Attachment 4.19-B, Pages 1(a)ii, 1(a)iv, 1(c)i, 1(d)ii  
Supplement 1a to Attachment 4.19-B, Page 4

8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
Attachment 4.19-A, Page 28(b)  
Attachment 4.19-B, Pages 1(a)ii, 1(a)iv, 1(c)i, 1(d)ii  
Supplement 1a to Attachment 4.19-B, Page 4

9. SUBJECT OF AMENDMENT  
Implements 4% rate increase for autism spectrum disorder, behavioral health (BH) clinician, psychologist, BH clinic fee schedules & private PRTFs and chemical maintenance clinics. Includes practitioners in independent practice: licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol & drug counselors.

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 Service  
55 Farmington Avenue, 9th Floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

12. TYPED NAME  
Deidre S. Gifford, MD, MPH

13. TITLE  
Commissioner

14. DATE SUBMITTED  
December 30, 2021


**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 29, 2021

17. DATE APPROVED  
March 15, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
November 17, 2021

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Rory Howe

21. TITLE OF APPROVING OFFICIAL  
Director, Financial Management Group

22. REMARKS  
Box #14: SPA submission date confirmed to be December 29, 2021

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

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Pursuant to 42 C.F.R. § 431.52, PRTF services shall be provided in an out-of-state setting if medically necessary and no suitable treatment option is found in Connecticut. Payments will be made to out-of-state private PRTF providers for the delivery of PRTF services at the approved Medicaid State Plan rate paid to such provider by the Medicaid program in the state in which the provider is located. If such a rate does not exist, PRTF statewide per diem payments will be made by the department at the PRTF statewide per diem rate listed in item d. below to out-of-state providers for the PRTF services furnished to Connecticut clients while they are out-of-state.

**d. Payment Rates**

The PRTF statewide per diem rate effective May 1, 2019 was \$610.00 per day. Effective November 17, 2021, the PRTF statewide per diem rate was increased to \$634.40 per day.

**e. Quality Standards for Increased Rate**

As a condition for the payment amount of \$610.00 per day detailed above, each PRTF must (1) ensure compliance with the following elements no later than September 1, 2019 and on an ongoing basis thereafter, and (2) provide the Department of Social Services with a report documenting these elements no later than October 1, 2019. If the PRTF fails to submit this report and/or the report fails to document compliance with all of these elements, then, effective on and after May 1, 2019 the per diem rate for the provider will revert to the rate in effect as of April 30, 2019. At any time, the Department may verify the PRTF's compliance through audits and other reviews. The required elements are as follows:

1. Evidence-Based Treatment: PRTFs must document the specific evidence-based treatments being delivered and the plan to ensure staff are trained in the model(s).
2. Therapeutic Recreation: PRTFs must describe the type and expected frequency of therapeutic recreation activities in their compliance report.
3. Family Therapy: PRTFs must demonstrate that family therapy is a component of all treatment plans and is occurring on a regular basis for every child. Family therapy may include any person that the child and the provider deem to be a healthy and caring individual in the child's life and one that will participate in the child's progress upon discharge from the PRTF.
4. Transition Care Coordination: The discharge planning process must be considered from the very earliest point of admission to a PRTF. PRTFs will be required to have Transition Care Coordinators conduct home visits and maintain contact with the family/caregiver and child post discharge from the PRTF for up to sixty (60) days to increase the likelihood of a successful transition. PRTFs will be required to identify a Transition Care Coordinator that will fulfill this role and document the hours per week in this role.

TN # 21-0039Approval Date March 15, 2022Effective Date 11/17/2021

Supersedes

TN # 19-0015

**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 November 17, 2021 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.

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Supersedes

TN # 21-0035

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

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- (v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors. The fee schedule for licensed behavioral health practitioners 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.” The agency’s rates were set as of November 17, 2021 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).
- (vi) Physician assistants – 90% of the department’s fees for physicians, as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

TN # 21-0039Approval Date March 15, 2022Effective Date 11/17/2021

Supersedes

TN # 19-0003

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

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(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 November 17, 2021 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 # 21-0039Approval Date March 15, 2022Effective Date 11-17-2021

Supersedes

TN # 21-0007

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

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

<b>CHEMICAL MAINTENANCE PROVIDER NAME</b>	<b>WEEKLY RATE FOR 7 DOSES</b>
APT FOUNDATION INC	\$103.47
CHEMICAL ABUSE SERVICES AGENCY	\$92.09
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	\$94.74
HARTFORD DISPENSARY	\$92.09
LIBERATION PROGRAMS INC	\$92.09
NEW ERA REHABILITATION CENTER	\$92.09
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	\$92.09

TN # 21-0039  
Supersedes  
TN # 19-0024

Approval Date March 15, 2022

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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 November 17, 2021 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 # 21-0039

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Supersedes

TN # 19-0003