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State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

September 19, 2022

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 22-0020

Dear Commissioner Gifford:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0020. This amendment establishes coverage and reimbursement for substance use services provided in outpatient and residential setting within the rehabilitative services category.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1905(a)(13)(c). This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 22-0020 was approved on September 16, 2022, with an effective date of June 1, 2022. Enclosed is a copy of the CMS-179 summary form and the approved pages for incorporation into the Connecticut State Plan.

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

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Joel Norwood
Deborah Alexson
Abigail Cotto
Candace Madison
Ginny Mahoney
Dana Robinson-Rush

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

1. TRANSMITTAL NUMBER

2. STATE

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

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

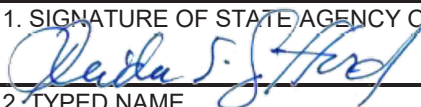
9. SUBJECT OF AMENDMENT

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

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

FOR CMS USE ONLY

16. DATE RECEIVED

June 23 2022

17. DATE APPROVED

September 16 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

June 1 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director
Division of Program Operations

22. REMARKS

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CATEGORICALLY NEEDY GROUP(S): ALL

13.d. Rehabilitative Services

SUBSTANCE USE DISORDER (SUD) SERVICES (42 C.F.R. § 440.130(d))

A. Overview

SUD services are provided as part of a comprehensive continuum of SUD services and are available to all Medicaid-eligible individuals of all ages for whom SUD services are medically necessary, including individuals with co-occurring mental health conditions and SUD. Services must be medically necessary and recommended by an independent licensed practitioner, as defined below, to promote the maximum reduction of symptoms and/or restoration of an individual to the best possible functional level according to an individualized treatment plan, which includes, as applicable, assistance with recovery from SUD and/or restoration of an individual to a normal developmental trajectory.

SUD services include a continuum of individually centered ambulatory and residential services consistent with the individual's assessed treatment needs. Services must be provided in accordance with the edition of the American Society of Addiction Medicine (ASAM) guidelines or other nationally recognized, evidence-based SUD-specific program standards adopted by the state ("ASAM guidelines"). Providers may provide services in the home, in an ambulatory setting, in the community, or in a residential setting.

B. Service Components

1. Assessment and Individualized Plan Development

- a. **Component Description:** The assessment is linked to each of the ASAM guidelines' dimensions of care and provides sufficient information for problem identification, SUD treatment planning, referral for the beneficiary to gain access to other needed Medicaid services, or any combination thereof. The development of an individualized person-centered treatment plan addresses the individual's diagnosis or diagnoses and assessed needs, including the type, amount, frequency, and duration of services to be provided, and the specific goals and objectives developed based on the evaluation and diagnosis to attain or maintain a member's achievable level of independent functioning based on the ASAM placement

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Effective Date 06/01/2022

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criteria. The individualized treatment plan must be person-centered and developed in collaboration with the individual and any other persons chosen by the individual to participate in the development of the treatment plan, including family members, when appropriate and when for the direct benefit of the beneficiary.

- b. Qualified Practitioners: Independent licensed practitioners (defined below); and associate licensed practitioners (defined below), or graduate-level interns (defined below), working under the supervision of an independent licensed practitioner. The independent licensed practitioner must also sign each assessment and treatment plan performed by the associate licensed practitioner, or graduate-level intern.

2. Therapy

- a. Component Description: Individual, group, couples, and family therapy, or any combination thereof, as medically necessary based on the beneficiary's treatment plan, to address an individual's major lifestyle, attitudinal, and behavioral problems. This component focuses on symptom reduction associated with the individual's diagnosis(es), stabilization and restoration to the person's best possible functional level, including use of appropriate evidence-informed practices. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. Any family therapy must be for the direct benefit of the beneficiary.
- b. Qualified Practitioners: Independent licensed practitioners; and associate licensed practitioners, or graduate-level interns, working under the supervision of an independent licensed practitioner.

3. Health Services and Medication Management

- a. Component Description: This component includes any combination of the following as medically necessary for each person: health assessments, health monitoring, health education requiring a medical license (in one of the categories of qualified practitioners for this service) for an individual or group session with members to learn specific ways of coping and progressing in their recovery.

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Psychotropic and other medication management (including prescribing, monitoring, administration and observation of self-administration, as applicable) are provided to the extent medically necessary and as permitted under state law.

- b. Qualified Practitioners: Physicians, advanced practice registered nurses, physician assistants, registered nurses, and licensed practical nurses, each of whom must be licensed under state law and acting within the person's scope of practice under state law.

4. Peer Support Services

- a. Component Description: This component addresses a beneficiary's major lifestyle, attitudinal, and behavioral problems. This component focuses on providing individuals with recovery-related supports that promote self-management strategies based on the individual's treatment plan.
- b. Qualified Practitioners: Certified peer recovery specialists, working under the supervision of an independent licensed practitioner, certified peer recovery specialist supervisor, or other applicable qualified supervisor as set forth below in the definition of a certified peer recovery specialist.

5. Service Coordination

- a. Component Description: This component includes discharge planning, assisting with coordination of services necessary to meet the individual's needs and service planning for Medicaid-covered services, and referral and linkage to other Medicaid-covered services. Service coordination entails the coordination by the provider with Medicaid-covered services outside of the services performed by the provider or in the provider's facility, including medical care. The goal of service coordination is to avoid more restrictive levels of treatment whenever appropriate and to help transition members to the most appropriate level of care, including, when appropriate, home or community-based living with outpatient ambulatory treatment (e.g., individual and family therapy, psychiatric services, medication assisted treatment).

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- b. Qualified Practitioners: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors; registered nurses; licensed practical nurses; unlicensed counselors; peer support specialists; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner.

6. **Skill Building and Psycho-Education**

- a. Component Description: This component assists the individual to restore skills to minimize behavioral symptoms and prevent progression associated with SUD as outlined in the individualized treatment plan. The skill building is directed to decrease problem behavior and increase appropriate pro-social behavior and promote integration with community resources. Psycho-education and wellness education provide instruction and training to increase an individual's knowledge and understanding of, as applicable, any combination of health, development, diagnosis(es), prognosis(es), and treatment, in order to enhance health, increase engagement and collaboration with treatment, and favorably affect clinical outcomes.
- b. Qualified Practitioners: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors, registered nurses; licensed practical nurses; peer support specialists; unlicensed counselors; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner.

C. **Levels of Care**

The amount, frequency, and duration of covered SUD services are provided in accordance with the member's individualized treatment plan and ASAM criteria. The applicable levels of care for the provision of SUD services and the service components covered within each setting are as follows, each of which aligns with the ASAM levels of care. Except as otherwise specifically

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provided below, all service components described above are covered within each level of care described below.

1. **Level 0.5 - Early Intervention Services** are outpatient services designed to explore and address problems or risk factors that appear to be related to substance use and addictive behavior and to help the individual recognize the harmful consequences of high-risk substance use and/or addictive behavior. Services are provided to individuals who, for a specific reason(s), are at risk of developing substance-related or addictive behavior problems or for those for whom there is insufficient information to document a substance use disorder. The following service components are covered in this level of care: all service components described above.

2. **Level 1 - Outpatient Services** are professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential treatment setting. Outpatient services are organized activities that may be delivered in any appropriate home or community setting that meets the requirements of state licensure for the provider. The following service components are covered in this level of care:
 - Assessment and individualized treatment plan development
 - Therapy
 - Health services and medication management
 - Peer support
 - Service coordination
 - Skill building and psycho-education

3. **Level 1-WM - Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring Services** are outpatient services to provide medically supervised evaluation, withdrawal management, and referral for continued care. The components of this level of care include comprehensive medical history and physical examination; medication or non-medication methods of WM; patient education; non-pharmacological clinical support; involvement of family members and collateral contacts in the WM process, as appropriate; and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups. The following service components are covered in this level of care: all service components described above.

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4. **Level 2.1 - Intensive Outpatient Treatment** is outpatient SUD services that are designed for more intensive treatment than routine outpatient SUD services. The components of this level of care include professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential treatment setting. Intensive outpatient treatment services are organized activities that may be delivered in any appropriate community setting that complies with state licensure requirements. Intensive outpatient treatment services should include appropriate evidence-informed practices. The following service components are covered in this level of care: all service components described above.
5. **Level 2.5 - Partial Hospitalization Services** are outpatient SUD services that are designed for more intensive treatment than Intensive Outpatient Treatment (Level 2.1) SUD services. The components of this level of care include professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential, non-hospital treatment setting for twenty or more hours per week. Partial hospitalization organized activities may be delivered in any appropriate community setting that complies with state licensure requirements. Partial hospitalization treatment services should include appropriate evidence-informed practices. The following service components are covered in this level of care: all service components described above.
6. **Level 2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring Services** are outpatient services to provide medically supervised evaluation, withdrawal management, and referral for continued care with the duration of care exceeding that available at Ambulatory Withdrawal Management without Extended On-Site Monitoring Services (Level 1-WM). The components of this level of care include a comprehensive medical history and physical examination; a substance use-focused history; an individualized treatment plan; medication or non-medication methods of WM; monitoring and assessment of progress throughout the day; psycho-education; non-pharmacological clinical support; involvement of all applicable collateral contacts for the person in the WM process, as appropriate; and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups plus sufficient biopsychosocial screening to determine the next appropriate level of care. The following service components are covered in this level of care: all service components described above.

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7. **Level 3.1 - Clinically Managed Low-Intensity Residential Services** include a 24-hour per day structure with trained personnel and at least 5 hours of treatment services per week. Low-intensity treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into work, community and family life. The following service components are covered in this level of care: all service components described above.
8. **Level 3.2-WM - Clinically Managed Residential Withdrawal Management Services** are services provided to individuals in moderate withdrawal, who need 24-hour per day support to complete withdrawal management and increase likelihood of continuing treatment or recovery but who do not require the full medical and nursing resources of a medically monitored withdrawal management service. The following service components are covered in this level of care: all service components described above.
9. **Level 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services** provide a 24-hour per day structure with trained counselors to stabilize multidimensional imminent danger; less intense programming and group treatment for individuals with cognitive or other impairments unable to use full therapeutic community; and preparation for outpatient treatment. The high-intensity services are designed to accommodate individuals with cognitive or other impairments, including co-occurring psychiatric disorders. Services provided at this level of care include assessment and treatment plan development, and a combination of service components that may address both SUD and co-occurring mental health needs provided in a manner designed to meet the functional limitations of the individual. The following service components are covered in this level of care: all service components described above.
10. **Level 3.5 - Clinically Managed Medium-Intensity Residential Services for Adolescents / Clinically Managed High-Intensity Residential Services for Adults** provide 24-hour care per day with trained counselors to stabilize multi-dimensional imminent danger. Specialized facilities provide this level of care to individuals with dependent children and to pregnant women. Assessment and treatment plan development are components of care that are required in addition to the required weekly treatment hours. The goal of this level of care is to prepare individuals for continued treatment at lower levels of care and reintegration back into the community. The following service components are covered in this level of care: all service components described above.

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11. **Level 3.7 - Medically Monitored Intensive Inpatient Services** provide 24-hour per day nursing care with physician availability for significant problems as well as counselor availability. The goal of this high-intensity level of care is to provide sufficient stability to prevent or minimize relapse, continued use and continued problem potential. Co-occurring enhanced treatment at this level of care offers planned clinical activities designed to promote stabilization of the individual's behavioral health needs and psychiatric symptoms. The following service components are covered in this level of care (both with and without co-occurring enhanced services): all service components described above.
12. **Level 3.7-WM - Medically Monitored High-Intensity Inpatient Services, Withdrawal Management** provide withdrawal management in a permanent facility with inpatient beds under the direction of a licensed physician. The full resources of an acute care general hospital or a medically managed intensive inpatient treatment non-hospital are not necessary for individuals receiving these services. The level of care is for individuals in severe withdrawal needing 24-hour per day nursing care and physician visits and who are unlikely to complete withdrawal management without medical monitoring. Facilities must provide physician supervision, as well as 24 hour per day, 7 days per week monitoring from licensed nurses to members who are withdrawing or are intoxicated from alcohol or other drugs but are not experiencing medical or neurological symptoms that would require hospitalization. Medications are prescribed and administered if needed during withdrawal management. The goal of this level of care is to stabilize and prepare individuals for continued treatment at lower levels of care. The following service components are covered in this level of care: all service components described above.

D. Provider Qualifications

1. Facility Provider Qualifications

SUD services detailed in this section must be provided by facilities that meet the following qualifications, as applicable to each provider:

Licensure

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- SUD outpatient facilities serving individuals of any age and SUD residential facilities serving adults must be licensed by the Connecticut Department of Public Health (DPH).
- SUD residential facilities serving children must be licensed by the Connecticut Department of Children and Families (DCF).

Certification

- Certification is not required for providers only providing level of care Level 1 – Outpatient Services.
- SUD intensive ambulatory and residential providers (*i.e.*, all levels of care other than Level 1 – Outpatient Services) serving adults must be certified by the Connecticut Department of Mental Health and Addiction Services (DMHAS) or its designee.
- SUD intensive ambulatory and residential providers (*i.e.*, all levels of care other than Level 1 – Outpatient Services) serving children must be certified by DCF or its designee.

Each provider must obtain all licenses and certifications applicable to all age cohorts (children, adults, or both) that it serves and all levels of care that it provides. For services provided outside the state in accordance with 42 C.F.R. § 431.52, the provider facility and each practitioner employed by or working under contract to the facility must have comparable credentials in the state in which the facility is located.

Qualified providers under this section do not include inpatient or outpatient hospitals or individually enrolled physicians or other licensed practitioners because the services to address SUD and co-occurring SUD and mental health conditions that are performed by those providers remain separately covered in each of the applicable benefit categories for those providers, as detailed in sections 1, 2, 5, and 6, as applicable, of Attachment 3.1-A of the Medicaid State Plan.

2. Practitioner Qualifications

SUD services detailed in this section must be performed by practitioners employed by or under contract to qualified facility providers who meet the following qualifications:

- a. General Qualifications: To the extent applicable for each service component, as set forth above, eligible practitioners include licensed and unlicensed professional staff, who are employed or contracted to an eligible provider facility, are at least 18 years of age, have at least a high school diploma or equivalent general education degree (GED) or such additional

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education necessary to provide specific services, plus other required qualifications as set forth by state law or other requirements for each category of service provided.

- b. Supervision: Anyone providing SUD services other than an Independent Licensed Practitioner must be supervised by an Independent Licensed Practitioner or other applicable supervisor as set forth below, to the extent necessary based on the services provided and the person's qualifications. Supervisors conduct and document face-to-face clinical supervision for all clinical staff with or without a professional license. Group supervision may be utilized monthly as part of this supervision. In addition to providing supervision, the Independent Licensed Practitioner takes professional responsibility for services performed by individuals working under the practitioner's supervision. The supervising Independent Licensed Practitioner must be familiar with each individual's treatment plan, have continued involvement in the care provided, review the need for continued services throughout the treatment, maintain documentation supporting the supervision of services and have ongoing involvement in the person's treatment.
- c. Independent Licensed Practitioner: means any of the following categories of individuals who are licensed under state law and acting within their scope of practice under state law: physicians, licensed psychologists, licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, licensed alcohol and drug counselors, advanced practice registered nurses or physician assistants.
- d. Associate Licensed Practitioner: means any of the following categories of individuals who are licensed under state law and acting within their scope of practice under state law, including applicable supervision requirements: licensed master social worker, licensed professional counselor associate, licensed marital and family therapy associate, and any other comparable associate licensure for a category of practitioner included in the definition of independent licensed practitioner in which the associate license requires, at a minimum, that the individual has received a graduate degree that is required for the comparable independent licensed practitioner category. The associate licensed practitioner works under the supervision of an applicable independent licensed practitioner as set forth in the applicable scope of practice.
- e. Certified Alcohol and Drug Counselor (CADC): A CADC must act within the CADC's scope of practice under state law and be certified as a CADC by DPH in accordance with

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applicable requirements for the certification. In the context of the services provided under this section, the CADC works under the supervision of an Independent Licensed Practitioner.

- f. Certified Peer Recovery Specialist: These specialists are individuals with self-identified lived experience connected to SUD who are certified by DMHAS, DCF or a certifying entity approved by DMHAS or DCF and who, in addition to all qualifications required by the certification, are at least 18 years of age and have a high school diploma or GED. Certified Peer Recovery Specialists must meet the certification's continuing education requirements and must be recertified within the certification's timeframes. The certified peer recovery specialist works under the supervision of an independent licensed practitioner, a certified peer recovery specialist supervisor, or an associate licensed practitioner with at least two years of full-time equivalent experience providing SUD services.
- g. Certified Peer Recovery Specialist Supervisor: Must meet all of the criteria for a certified peer recovery specialist and have at least two years full-time equivalent experience providing peer recovery specialist services occurring after having been certified as a peer recovery specialist. The certified peer recovery specialist supervisor works under the supervision of an independent licensed practitioner or an associate licensed practitioner with at least two years of full-time equivalent experience providing SUD services.
- h. Technician: Must meet at least all of the following criteria: (i) at least 18 years of age, (ii) have one of the following: at least a bachelor's degree in a human services or other field related to SUD services, at least an associate's degree in a human services or other field related to SUD services plus one year of full-time equivalent experience providing SUD services, or a high school diploma or equivalent GED, plus two years of full-time equivalent experience providing SUD services, (iii) work under the direct supervision of a technician supervisor, peer recovery specialist supervisor, independent licensed practitioner or an associate licensed practitioner with at least two years of full-time equivalent experience providing SUD services, and (iv) receive supervision at least 30 minutes for every 40 hours worked.
- i. Technician Supervisor: Must meet all of the criteria for a technician and have two years of full-time equivalent experience providing SUD services after having met the qualifications to be a technician.

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- j. Unlicensed Counselor: Must (i) have at least a master's degree in a human services or related field or a bachelor's degree in a human services or related field plus two years of full-time equivalent experience providing SUD services and (ii) work under the direct supervision of an independent licensed practitioner or an associate licensed practitioner with at least two years of full-time equivalent experience providing SUD services.
- k. Graduate-Level Intern: Must be actively enrolled in an accredited graduate degree program at an accredited college or university that: (1) once completed, would satisfy the graduate education requirements for one or more categories of independent licensed practitioner and (2) requires students to participate in intern placements for clinical training in the provision of behavioral health services. The graduate-level intern must receive weekly clinical supervision from an independent licensed practitioner who is the intern's site-supervisor and also supervision from the intern's graduate degree program. This supervision must be conducted in accordance with the standards outlined by the sponsoring graduate degree program and any relevant graduate education accreditation body or bodies applicable to the degree program. All training and supervision must be in accordance with ASAM standards.
- l. Associate/Bachelor-Level Intern: Must be actively enrolled in an accredited associate or bachelor's degree program at an accredited college or university that (1) is in a field of study related to human services, mental health and/or substance use disorders and (2) requires student placements for training in the provision of behavioral health services. The associate/bachelor level intern must receive weekly supervision from an independent licensed practitioner or associate licensed practitioner who is the intern's site supervisor and also supervision from the intern's undergraduate degree program. This supervision must be conducted in accordance with the standards outlined by the sponsoring educational program and any relevant education accreditation body or bodies applicable to the degree program. All training and supervision must be in accordance with ASAM standards.
- m. Licensed Practical Nurse: Licensed under state law and working under the person's scope of practice in accordance with state law.
- n. Registered Nurse: Licensed under state law and working under the person's scope of practice in accordance with state law.

E. Excluded Services

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The following services are excluded from coverage:

1. Room and board, which is not a covered or reimbursable service and is excluded from the rates of any residential service under this section;
2. Components that are not provided to or directed exclusively for the treatment of the Medicaid eligible individual;
3. Services or components of services of which the basic nature is to supplant housekeeping or basic services for the convenience of a person receiving covered services;
4. Medications, which are separately covered outside of this section;
5. Services that are solely vocational or recreational;
6. Services provided to individuals who are patients of an institution for mental diseases (IMD), as defined in 42 C.F.R. § 435.1010, unless the services are authorized pursuant to a waiver under section 1115 of the Social Security Act approved by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS).

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SUD services include a continuum of individually centered ambulatory and residential services consistent with the individual's assessed treatment needs. Services must be provided in accordance with the edition of the American Society of Addiction Medicine (ASAM) guidelines or other nationally recognized, evidence-based SUD-specific program standards adopted by the state ("ASAM" guidelines"). Providers may provide services in the home, in an ambulatory setting, in the community, or in a residential setting.

B. Service Components

1. Assessment and Individualized Plan Development

- a. Component Description: The assessment is linked to each of the ASAM guidelines' dimensions of care and provides sufficient information for problem identification, SUD treatment planning, referral for the beneficiary to gain access to other needed Medicaid services, or any combination thereof. The development of an individualized person-centered treatment plan addresses the individual's diagnosis or diagnoses and assessed needs, including the type, amount, frequency, and duration of services to be provided, and the specific goals and objectives developed based on the evaluation and diagnosis to attain or maintain a member's

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achievable level of independent functioning based on the ASAM placement criteria. The individualized treatment plan must be person-centered and developed in collaboration with the individual and any other persons chosen by the individual to participate in the development of the treatment plan, including family members, when appropriate and when for the direct benefit of the beneficiary.

- b. Qualified Practitioners: Independent licensed practitioners (defined below); and associate licensed practitioners (defined below), or graduate-level interns (defined below), working under the supervision of an independent licensed practitioner. The independent licensed practitioner must also sign each assessment and treatment plan performed by the associate licensed practitioner, or graduate-level intern.

2. Therapy

- a. Component Description: Individual, group, couples, and family therapy, or any combination thereof, as medically necessary based on the beneficiary's treatment plan, to address an individual's major lifestyle, attitudinal, and behavioral problems. This component focuses on symptom reduction associated with the individual's diagnosis(es), stabilization and restoration to the person's best possible functional level, including use of appropriate evidence-informed practices. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. Any family therapy must be for the direct benefit of the beneficiary.
- b. Qualified Practitioners: Independent licensed practitioners; and associate licensed practitioners, or graduate-level interns, working under the supervision of an independent licensed practitioner.

3. Health Services and Medication Management

- a. Component Description: This component includes any combination of the following as medically necessary for each person: health assessments, health monitoring, health education requiring a medical license (in one of the categories of qualified practitioners for this service) for an individual or group session with

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members to learn specific ways of coping and progressing in their recovery. Psychotropic and other medication management (including prescribing, monitoring, administration and observation of self-administration, as applicable) are provided to the extent medically necessary and as permitted under state law.

- b. Qualified Practitioners: Physicians, advanced practice registered nurses, physician assistants, registered nurses, and licensed practical nurses, each of whom must be licensed under state law and acting within the person's scope of practice under state law.

4. Peer Support Services

- a. Component Description: This component addresses a beneficiary's major lifestyle, attitudinal, and behavioral problems. This component focuses on providing individuals with recovery-related supports that promote self-management strategies based on the individual's treatment plan.
- b. Qualified Practitioners: Certified peer recovery specialists, working under the supervision of an independent licensed practitioner, certified peer recovery specialist supervisor, or other applicable qualified supervisor as set forth below in the definition of a certified peer recovery specialist.

5. Service Coordination

- a. Component Description: This component includes discharge planning, assisting with coordination of services necessary to meet the individual's needs and service planning for Medicaid-covered services, and referral and linkage to other Medicaid-covered services. Service coordination entails the coordination by the provider with Medicaid-covered services outside of the services performed by the provider or in the provider's facility, including medical care. The goal of service coordination is to avoid more restrictive levels of treatment whenever appropriate and to help transition members to the most appropriate level of care, including, when appropriate, home or community-based living with outpatient ambulatory treatment (e.g., individual and family therapy, psychiatric services, medication assisted treatment).

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- b. Qualified Practitioners: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors; registered nurses; licensed practical nurses; unlicensed counselors; peer support specialists; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner.

6. **Skill Building and Psycho-Education**

- a. Component Description: This component assists the individual to restore skills to minimize behavioral symptoms and prevent progression associated with SUD as outlined in the individualized treatment plan. The skill building is directed to decrease problem behavior and increase appropriate pro-social behavior and promote integration with community resources. Psycho-education and wellness education provide instruction and training to increase an individual's knowledge and understanding of, as applicable, any combination of health, development, diagnosis(es), prognosis(es), and treatment, in order to enhance health, increase engagement and collaboration with treatment, and favorably affect clinical outcomes.
- b. Qualified Practitioners: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors, registered nurses; licensed practical nurses; peer support specialists; unlicensed counselors; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner.

C. **Levels of Care**

The amount, frequency, and duration of covered SUD services are provided in accordance with the member's individualized treatment plan and ASAM criteria. The applicable levels of care for the provision of SUD services and the service components covered within each setting are as follows, each of which aligns with the ASAM levels of care. Except as otherwise specifically

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provided below, all service components described above are covered within each level of care described below.

1. **Level 0.5 - Early Intervention Services** are outpatient services designed to explore and address problems or risk factors that appear to be related to substance use and addictive behavior and to help the individual recognize the harmful consequences of high-risk substance use and/or addictive behavior. Services are provided to individuals who, for a specific reason(s), are at risk of developing substance-related or addictive behavior problems or for those for whom there is insufficient information to document a substance use disorder. The following service components are covered in this level of care: all service components described above.
2. **Level 1 - Outpatient Services** are professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential treatment setting. Outpatient services are organized activities that may be delivered in any appropriate home or community setting that meets the requirements of state licensure for the provider. The following service components are covered in this level of care: all service components described above.
3. **Level 1-WM - Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring Services** are outpatient services to provide medically supervised evaluation, withdrawal management, and referral for continued care. The components of this level of care include comprehensive medical history and physical examination; medication or non-medication methods of WM; patient education; non-pharmacological clinical support; involvement of family members and collateral contacts in the WM process, as appropriate; and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups. The following service components are covered in this level of care: all service components described above.
4. **Level 2.1 - Intensive Outpatient Treatment** is outpatient SUD services that are designed for more intensive treatment than routine outpatient SUD services. The components of this level of care include professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential treatment setting. Intensive outpatient treatment services are organized activities that may be delivered in any appropriate community setting that complies with state licensure requirements. Intensive

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Effective Date 06/01/2022

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outpatient treatment services should include appropriate evidence-informed practices. The following service components are covered in this level of care: all service components described above.

5. **Level 2.5 - Partial Hospitalization Services** are outpatient SUD services that are designed for more intensive treatment than Intensive Outpatient Treatment (Level 2.1) SUD services. The components of this level of care include professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential, non-hospital treatment setting for twenty or more hours per week. Partial hospitalization organized activities may be delivered in any appropriate community setting that complies with state licensure requirements. Partial hospitalization treatment services should include appropriate evidence-informed practices. The following service components are covered in this level of care: all service components described above.
6. **Level 2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring Services** are outpatient services to provide medically supervised evaluation, withdrawal management, and referral for continued care with the duration of care exceeding that available at Ambulatory Withdrawal Management without Extended On-Site Monitoring Services (Level 1-WM). The components of this level of care include a comprehensive medical history and physical examination; a substance use-focused history; an individualized treatment plan; medication or non-medication methods of WM; monitoring and assessment of progress throughout the day; psycho-education; non-pharmacological clinical support; involvement of all applicable collateral contacts for the person in the WM process, as appropriate; and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups plus sufficient biopsychosocial screening to determine the next appropriate level of care. The following service components are covered in this level of care: all service components described above.
7. **Level 3.1 - Clinically Managed Low-Intensity Residential Services** include a 24-hour per day structure with trained personnel and at least 5 hours of treatment services per week. Low-intensity treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into work, community and family life. The following service components are covered in this level of care: all service components described above.

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8. **Level 3.2-WM - Clinically Managed Residential Withdrawal Management Services** are services provided to individuals in moderate withdrawal, who need 24-hour per day support to complete withdrawal management and increase likelihood of continuing treatment or recovery but who do not require the full medical and nursing resources of a medically monitored withdrawal management service. The following service components are covered in this level of care: all service components described above.

9. **Level 3.3 - Clinically Managed Population-Specific High-Intensity Residential Services** provide a 24-hour per day structure with trained counselors to stabilize multidimensional imminent danger; less intense programming and group treatment for individuals with cognitive or other impairments unable to use full therapeutic community; and preparation for outpatient treatment. The high-intensity services are designed to accommodate individuals with cognitive or other impairments, including co-occurring psychiatric disorders. Services provided at this level of care include assessment and treatment plan development, and a combination of service components that may address both SUD and co-occurring mental health needs provided in a manner designed to meet the functional limitations of the individual. The following service components are covered in this level of care: all service components described above.

10. **Level 3.5 - Clinically Managed Medium-Intensity Residential Services for Adolescents / Clinically Managed High-Intensity Residential Services for Adults** provide 24-hour care per day with trained counselors to stabilize multi-dimensional imminent danger. Specialized facilities provide this level of care to individuals with dependent children and to pregnant women. Assessment and treatment plan development are components of care that are required in addition to the required weekly treatment hours. The goal of this level of care is to prepare individuals for continued treatment at lower levels of care and reintegration back into the community. The following service components are covered in this level of care: all service components described above.

11. **Level 3.7 - Medically Monitored Intensive Inpatient Services** provide 24-hour per day nursing care with physician availability for significant problems as well as counselor availability. The goal of this high-intensity level of care is to provide sufficient stability to prevent or minimize relapse, continued use and continued problem potential. Co-occurring enhanced treatment at this level of care offers planned clinical activities designed to promote stabilization of the individual's behavioral health needs and

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psychiatric symptoms. The following service components are covered in this level of care (both with and without co-occurring enhanced services): all service components described above.

12. **Level 3.7-WM - Medically Monitored High-Intensity Inpatient Services, Withdrawal Management** provide withdrawal management in a permanent facility with inpatient beds under the direction of a licensed physician. The full resources of an acute care general hospital or a medically managed intensive inpatient treatment non-hospital are not necessary for individuals receiving these services. The level of care is for individuals in severe withdrawal needing 24-hour per day nursing care and physician visits and who are unlikely to complete withdrawal management without medical monitoring. Facilities must provide physician supervision, as well as 24 hour per day, 7 days per week monitoring from licensed nurses to members who are withdrawing or are intoxicated from alcohol or other drugs but are not experiencing medical or neurological symptoms that would require hospitalization. Medications are prescribed and administered if needed during withdrawal management. The goal of this level of care is to stabilize and prepare individuals for continued treatment at lower levels of care. The following service components are covered in this level of care: all service components described above.

D. Provider Qualifications

1. Facility Provider Qualifications

SUD services detailed in this section must be provided by facilities that meet the following qualifications, as applicable to each provider:

Licensure

- SUD outpatient facilities serving individuals of any age and SUD residential facilities serving adults must be licensed by the Connecticut Department of Public Health (DPH).
- SUD residential facilities serving children must be licensed by the Connecticut Department of Children and Families (DCF).

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Certification

- Certification is not required for providers only providing level of care Level 1 – Outpatient Services.
- SUD intensive ambulatory and residential providers (*i.e.*, all levels of care other than Level 1 – Outpatient Services) serving adults must be certified by the Connecticut Department of Mental Health and Addiction Services (DMHAS) or its designee.
- SUD intensive ambulatory and residential providers (*i.e.*, all levels of care other than Level 1 – Outpatient Services) serving children must be certified by DCF or its designee.

Each provider must obtain all licenses and certifications applicable to all age cohorts (children, adults, or both) that it serves and all levels of care that it provides. For services provided outside the state in accordance with 42 C.F.R. § 431.52, the provider facility and each practitioner employed by or working under contract to the facility must have comparable credentials in the state in which the facility is located.

Qualified providers under this section do not include inpatient or outpatient hospitals or individually enrolled physicians or other licensed practitioners because the services to address SUD and co-occurring SUD and mental health conditions that are performed by those providers remain separately covered in each of the applicable benefit categories for those providers, as detailed in sections 1, 2, 5, and 6, as applicable, of Attachment 3.1-A of the Medicaid State Plan.

2. Practitioner Qualifications

SUD services detailed in this section must be performed by practitioners employed by or under contract to qualified facility providers who meet the following qualifications:

- a. General Qualifications: To the extent applicable for each service component, as set forth above, eligible practitioners include licensed and unlicensed professional staff, who are employed or contracted to an eligible provider facility, are at least 18 years of age, have at least a high school diploma or equivalent general education degree (GED) or such additional education necessary to provide specific services, plus other required qualifications as set forth by state law or other requirements for each category of service provided.

- b. Supervision: Anyone providing SUD services other than an Independent Licensed Practitioner must be supervised by an Independent Licensed Practitioner or other applicable

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supervisor as set forth below, to the extent necessary based on the services provided and the person's qualifications. Supervisors conduct and document face-to-face clinical supervision for all clinical staff with or without a professional license. Group supervision may be utilized monthly as part of this supervision. In addition to providing supervision, the Independent Licensed Practitioner takes professional responsibility for services performed by individuals working under the practitioner's supervision. The supervising Independent Licensed Practitioner must be familiar with each individual's treatment plan, have continued involvement in the care provided, review the need for continued services throughout the treatment, maintain documentation supporting the supervision of services and have ongoing involvement in the person's treatment.

- c. Independent Licensed Practitioner: means any of the following categories of individuals who are licensed under state law and acting within their scope of practice under state law: physicians, licensed psychologists, licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, licensed alcohol and drug counselors, advanced practice registered nurses or physician assistants.
- d. Associate Licensed Practitioner: means any of the following categories of individuals who are licensed under state law and acting within their scope of practice under state law, including applicable supervision requirements: licensed master social worker, licensed professional counselor associate, licensed marital and family therapy associate, and any other comparable associate licensure for a category of practitioner included in the definition of independent licensed practitioner in which the associate license requires, at a minimum, that the individual has received a graduate degree that is required for the comparable independent licensed practitioner category. The associate licensed practitioner works under the supervision of an applicable independent licensed practitioner as set forth in the applicable scope of practice.
- e. Certified Alcohol and Drug Counselor (CADC): A CADC must act within the CADC's scope of practice under state law and be certified as a CADC by DPH in accordance with applicable requirements for the certification. In the context of the services provided under this section, the CADC works under the supervision of an Independent Licensed Practitioner.
- f. Certified Peer Recovery Specialist: These specialists are individuals with self-identified lived experience connected to SUD who are certified by DMHAS, DCF or a certifying entity approved by DMHAS or DCF and who, in addition to all qualifications required by the

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certification, are at least 18 years of age and have a high school diploma or GED. Certified Peer Recovery Specialists must meet the certification's continuing education requirements and must be recertified within the timeframes defined by the certification's requirements. The certified peer recovery specialist works under the supervision of an independent licensed practitioner, a certified peer recovery specialist supervisor, or an associate licensed practitioner with at least two years of full-time equivalent experience providing SUD services.

- g. Certified Peer Recovery Specialist Supervisor: Must meet all of the criteria for a certified peer recovery specialist and have at least two years full-time equivalent experience providing peer recovery specialist services occurring after having been certified as a peer recovery specialist. The certified peer recovery specialist supervisor works under the supervision of an independent licensed practitioner or an associate licensed practitioner with at least two years of full-time equivalent experience providing SUD services.
- h. Technician: Must meet at least all of the following criteria: (i) at least 18 years of age, (ii) have one of the following: at least a bachelor's degree in a human services or other field related to SUD services, at least an associate's degree in a human services or other field related to SUD services plus one year of full-time equivalent experience providing SUD services, or a high school diploma or equivalent GED, plus two years of full-time equivalent experience providing SUD services, (iii) work under the direct supervision of a technician supervisor, peer recovery specialist supervisor, independent licensed practitioner or an associate licensed practitioner with at least two years of full-time equivalent experience providing SUD services, and (iv) receive supervision at least 30 minutes for every 40 hours worked.
- i. Technician Supervisor: Must meet all of the criteria for a technician and have two years of full-time equivalent experience providing SUD services after having met the qualifications to be a technician.
- j. Unlicensed Counselor: Must (i) have at least a master's degree in a human services or related field or a bachelor's degree in a human services or related field plus two years of full-time equivalent experience providing SUD services and (ii) work under the direct supervision of an independent licensed practitioner or an associate licensed practitioner with at least two years of full-time equivalent experience providing SUD services.

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- k. Graduate-Level Intern: Must be actively enrolled in an accredited graduate degree program at an accredited college or university that: (1) once completed, would satisfy the graduate education requirements for one or more categories of independent licensed practitioner and (2) requires students to participate in intern placements for clinical training in the provision of behavioral health services. The graduate-level intern must receive weekly clinical supervision from an independent licensed practitioner who is the intern's site-supervisor and also supervision from the intern's graduate degree program. This supervision must be conducted in accordance with the standards outlined by the sponsoring graduate degree program and any relevant graduate education accreditation body or bodies applicable to the degree program. All training and supervision must be in accordance with ASAM standards.
- l. Associate/Bachelor-Level Intern: Must be actively enrolled in an accredited associate or bachelor's degree program at an accredited college or university that (1) is in a field of study related to human services, mental health and/or substance use disorders and (2) requires student placements for training in the provision of behavioral health services. The associate/bachelor level intern must receive weekly supervision from an independent licensed practitioner or associate licensed practitioner who is the intern's site supervisor and also supervision from the intern's undergraduate degree program. This supervision must be conducted in accordance with the standards outlined by the sponsoring educational program and any relevant education accreditation body or bodies applicable to the degree program. All training and supervision must be in accordance with ASAM standards.
- m. Licensed Practical Nurse: Licensed under state law and working under the person's scope of practice in accordance with state law.
- n. Registered Nurse: Licensed under state law and working under the person's scope of practice in accordance with state law.

E. Excluded Services

The following services are excluded from coverage:

1. Room and board, which is not a covered or reimbursable service and is excluded from the rates of any residential service under this section;

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2. Components that are not provided to or directed exclusively for the treatment of the Medicaid eligible individual;
3. Services or components of services of which the basic nature is to supplant housekeeping or basic services for the convenience of a person receiving covered services;
4. Medications, which are separately covered outside of this section;
5. Services that are solely vocational or recreational;
6. Services provided to individuals who are patients of an institution for mental diseases (IMD), as defined in 42 C.F.R. § 435.1010, unless the services are authorized pursuant to a waiver under to section 1115 of the Social Security Act approved by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS).

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Effective Date 06/01/2022

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Substance Use Disorder (SUD) Services - Rehabilitative Services 42 CFR 440.130(d)

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 substance use disorder services in the rehabilitative services benefit category were set as of June 1, 2022 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 residential levels of care, select the fee schedule for free-standing residential treatment facilities; for ambulatory levels of care, select the fee schedule for behavioral health clinics and use the codes applicable to SUD services).

Room and board costs are not included in the fee for SUD services paid under section 13 of Attachment 4.19-B and are not reimbursable.

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Effective Date 06/01/2022

Supersedes

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