

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-AO: Behavioral Health Provider Rate Increase

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Changes to Medicaid State Plan

Effective on or after November 17, 2021, this SPA will amend Attachments 4.19-A and 4.19-B of the Medicaid State Plan to implement a 4% rate increase for behavioral health providers as set forth below. This SPA will increase all billing codes on the following fee schedules by 4%: autism spectrum disorder, behavioral health clinic (for services provided and billed by freestanding behavioral health clinics and outpatient hospital-operated behavioral health clinics), behavioral health clinician (for services provided and billed by the following categories of practitioners in independent practice: licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors), and psychologist fee schedules. This SPA will also increase the daily rate by 4% for each private psychiatric residential treatment facility (PRTF) and chemical maintenance clinic compared to the level currently in effect for such provider immediately prior to the effective date of this SPA.

The purpose of this SPA is to provide rate increases to the behavioral health providers set forth above or who bill using the fee schedules set forth above to enable wage increases for their clinicians who provide those behavioral health services. DSS's intent in providing this increase at this time is to align with the non-Medicaid increase in grants to behavioral health providers being provided separately by the Department of Mental Health and Addiction Services and the Department of Children and Families. By enabling wage increases, this SPA is also designed to maintain access and quality of these behavioral health services.

Fiscal Impact

Based on the information available at this time, DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$14 million.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference "SPA 21-AO: Behavioral Health Provider Rate Increase".

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than December 1, 2021.

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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 is \$610.00 per day. Effective November 17, 2021, the PRTF statewide per diem increases to \$634.40 per day.

e. Quality Standards for Increased Rate

As a condition for the payment amount effective May 1, 2019, 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.

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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. 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. 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. 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 ~~January 1, 2020~~ 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. 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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- (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. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of ~~January 1, 2019~~ 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.
- (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.

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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 ~~January 1~~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).

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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):

CHEMICAL MAINTENANCE PROVIDER NAME	WEEKLY RATE FOR 7 DOSES
APT FOUNDATION INC	\$ 99.49 <u>103.47</u>
CHEMICAL ABUSE SERVICES AGENCY	\$ 88.55 <u>92.09</u>
COMMUNITY HEALTH RESOURCES, INC A/K/A COMMUNITY PREVENTION AND ADDICTION SVCS	\$ 97.13 <u>101.02</u>
COMMUNITY SUBSTANCE ABUSE CENTERS INC	\$ 96.27 <u>100.12</u>
CONNECTICUT COUNSELING CENTERS INC	\$ 91.10 <u>94.74</u>
HARTFORD DISPENSARY	\$ 88.55 <u>92.09</u>
LIBERATION PROGRAMS INC	\$ 88.55 <u>92.09</u>
NEW ERA REHABILITATION CENTER	\$ 88.55 <u>92.09</u>
REGIONAL NETWORK OF PROGRAMS	\$ 95.99 <u>99.83</u>
MINIMUM RATE; RATE FOR NEW CHEMICAL MAINTENANCE CLINICS (Newly licensed on or after February 1, 2018) and RATE FOR BORDER PROVIDERS	\$ 88.55 <u>92.09</u>

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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 ~~January 1, 2019~~ 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. 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.

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