

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-AQ: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Coverage for Acupuncture Services and Chiropractic Services

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), which will amend the Alternative Benefit Plan (ABP) at Attachment 3.1-L of the Medicaid State Plan.

The ABP is the benefit package that, effective January 1, 2014, is provided to the Medicaid low-income adult population under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (also known as HUSKY D). Pursuant to section 2001 of the Affordable Care Act, effective January 1, 2014, Connecticut expanded Medicaid eligibility to low-income adults with incomes up to and including 133% of the federal poverty level. The expanded coverage group is referred to as Medicaid Coverage for the Lowest-Income Populations.

Changes to Medicaid State Plan

Effective October 1, 2021, SPA 21-AQ will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to add coverage for acupuncturist services and chiropractor services. The purpose of this SPA is to implement recent change in state law, Section 331 of Public Act 21-2 of the June 2021 special session, which requires the coverage additions detailed above. This SPA corresponds to SPA 21-AG, which adds this coverage to the underlying Medicaid State Plan.

This SPA will not make any other changes to the ABP than as described above, which will continue to reflect the same coverage in the ABP for HUSKY D Medicaid members as in the underlying Medicaid State Plan. Accordingly, the ABP will continue to provide full access to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services to beneficiaries under age twenty-one. This includes informing them that EPSDT services are available and of the need for age-appropriate immunizations. The ABP also provides or arranges for the provision of screening services for all children and for corrective treatment as determined by child health screenings. These EPSDT services are provided by the DSS fee-for-service provider network. EPSDT clients are also able to receive any additional health care services that are coverable under the Medicaid program and found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in Connecticut's Medicaid State Plan.

Likewise, this SPA will not make any changes to cost sharing for the services provided under the ABP. Connecticut does not currently impose cost sharing on Medicaid beneficiaries. Because there are no Medicaid cost sharing requirements for Connecticut beneficiaries, no exemptions are necessary in order to comply with the cost sharing protections for Native Americans found in section 5006(e) of the American Recovery and Reinvestment Act of 2009.

Fiscal Impact

This SPA will not change annual aggregate expenditures.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The SPA may also be obtained at any DSS field office, at 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: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 21-AQ: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Coverage for Acupuncture Services and Chiropractic Services”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than December 23, 2021.



Alternative Benefit Plan

Amount Limit:

See Attachment 3.1-A

Duration Limit:

Remove

Scope Limit:

See Attachment 3.1-A

Other:

As described in Attachment 3.1-A, Medication-Assisted Treatment (MAT) is a mandatory benefit category required pursuant to section 1905(a)(29) of the Social Security Act, as added by Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Pub. L. No. 115-271). That federal law provision is currently in effect from October 1, 2020 through September 30, 2025. All of the services covered under this benefit category were previously covered under other applicable benefit categories.

See Attachment 3.1-A for details regarding this benefit (initially created through SPA 21-0014), including provider qualifications, service components, and limits.

The state makes the following assurances:

MAT is provided as defined in the approved state plan Attachment 3.1-A and if applicable, Attachment 3.1-B pages.

MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.

Other 1937 Benefit Provided:

CT Housing Engagement and Support Services (CHESS)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-i

Duration Limit:

Scope Limit:

See Attachment 3.1-i

Other:

As described in Attachment 3.1-i, the Connecticut Housing Engagement and Support Services (CHESS) is an optional state plan home and community-based services benefit pursuant to section 1915(i) of the Social Security Act. The purpose of CHESS is to improve housing stability and health outcomes for a targeted set of Medicaid members who have complex health conditions, have experienced homelessness, and have been determined to be likely to benefit from targeted tenancy sustaining services based on risk factors.

See Attachment 3.1-i for details regarding this benefit (initially created through SPA 21-0001), including needs-based criteria, targeting criteria, service components, limits, and provider qualifications.

Other 1937 Benefit Provided:

Other Licensed Practitioner: Acupuncture Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package



Alternative Benefit Plan

<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>	<p>Remove</p>
<p>Amount Limit: None</p>	<p>Duration Limit: None</p>	
<p>Scope Limit: None</p>		
<p>Other: See Attachment 3.1-A of the Medicaid State Plan for details. No authorization requirements.</p>		
<p>Other 1937 Benefit Provided: Other Licensed Practitioner: Chiropractor Services</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Authorization required in excess of limitation</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: None</p>	<p>Duration Limit: None</p>	
<p>Scope Limit: Scope limited pursuant to 42 CFR 440.60(b). See Attachment 3.1-A of the Medicaid State Plan for details.</p>		
<p>Other: See Attachment 3.1-A of the Medicaid State Plan for details.</p>		
		<p>Add</p>