

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-M: Medication-Administered Treatment (MAT) Benefit Category

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 October 1, 2020, SPA 21-M will amend Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan in order to transfer existing approved Medicaid State Plan provisions regarding MAT into the new mandatory MAT benefit category in section 1905(a)(29) of the Social Security Act, which was 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 and this SPA is necessary in order to comply with that federal law provision. This SPA will not make any changes other than moving existing approved Medicaid State Plan language regarding MAT into the new MAT benefit category. Therefore, this SPA will not change the actual services covered or payment rates.

Fiscal Impact

This SPA will not change annual aggregate expenditures because, as noted above, it will only move existing approved Medicaid State Plan language regarding MAT into the new MAT benefit category, without making any substantive changes to coverage or rates.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed 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. Please reference “SPA 21-M: Medication-Administered Treatment (MAT) Benefit Category.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than March 10, 2021.

State: Connecticut

Amount, Duration, and Scope of Services Provided to Categorically Needy Group(s): ALL

Medication-Assisted Treatment (MAT) (section 1905(a)(29))

29. X MAT as described and limited in the Addendum to Attachment 3.1-A.

TN # 21-M

Supersedes

TN # NEW

Approval Date _____

Effective Date: 10-01-2020

State: Connecticut

Amount, Duration, and Scope of Services Provided to Categorically Needy Group(s): ALL

Section 1905(a)(29) – Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Routine Outpatient: Comprehensive diagnostic evaluation; individual, group, and family counseling; and psychotherapy services to treat opioid use disorder.

Intermediate Outpatient: Substance Use Disorder Intensive Outpatient (IOP) services and Adult Day Treatment Outpatient Services, which are provided by qualified behavioral health clinics and outpatient hospitals to treat opioid use disorder.

TN # 21-M

Supersedes

TN # NEW

Approval Date _____

Effective Date: 10-01-2020

State: Connecticut

Amount, Duration, and Scope of Services Provided to Categorically Needy Group(s): ALL

Section 1905(a)(29) – Medication-Assisted Treatment (MAT) (cont'd)

Opioid Treatment Programs (Chemical Maintenance Clinics): Qualified chemical maintenance clinics provide the following counseling services and behavioral health therapies as part of MAT to treat opioid use disorder: intake evaluation; initial physical examination; medication administration, including face-to-face medication administration or take-home medication; on-site drug use screening and monitoring; and all routine individual, group and family substance use disorder counseling services.

- b) Please include each practitioner and provider entity that furnishes each service and component service.
- Physicians
 - Physician Assistants
 - Nurse Practitioners
 - Chemical Maintenance Clinics
 - Behavioral Health Clinics
 - Outpatient Hospitals
 - Licensed Behavioral Health Practitioners, specifically Licensed Psychologists, Licensed Clinical Social Workers, Licensed Alcohol and Drug Counselors, Licensed Professional Counselors, and Licensed Marital and Family Therapists
- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

General: All provider qualifications applicable to each provider type as set forth in, as applicable, section 5, 6, or 9 of Attachment 3.1-A, also apply to the same category of provider as listed in this section. Providers must also comply with all federal requirements that apply to the provider category for the service provided.

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Approval Date _____

Effective Date: 10-01-2020

State: Connecticut

Amount, Duration, and Scope of Services Provided to Categorically Needy Group(s): ALL

Section 1905(a)(29) – Medication-Assisted Treatment (MAT) (cont'd)

iv. Utilization Controls

 X The state has drug utilization controls in place. (Check each of the following that apply)

 X Generic first policy

 X Preferred drug lists

 X Clinical criteria

 X Quantity limits

 The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

Buprenorphine and Naltrexone are both on the state's Preferred Drug List (PDL) for specified doses, dosage forms, and brands. For a drug dose, dosage form, and/or brand that is not listed on the PDL, prior authorization is required. All other limits that apply to the state's coverage of outpatient prescription drugs in section 10 of Attachment 3.1-A also apply to MAT drugs.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN # 21-M

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Effective Date: 10-01-2020

Supersedes

TN # NEW

State: Connecticut

Amount, Duration, and Scope of Services Provided to Medically Needy Group(s): ALL

Medication-Assisted Treatment (MAT) (section 1905(a)(29))

29. X MAT as described and limited in the Addendum to Attachment 3.1-B.

TN # 21-M

Supersedes

TN # NEW

Approval Date _____

Effective Date: 10-01-2020

State: Connecticut

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Section 1905(a)(29) – Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

vi. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

vii. Assurances

c. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

d. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

viii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

d) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Routine Outpatient: Comprehensive diagnostic evaluation; individual, group, and family counseling; and psychotherapy services to treat opioid use disorder.

Intermediate Outpatient: Substance Use Disorder Intensive Outpatient (IOP) services and Adult Day Treatment Outpatient Services, which are provided by qualified behavioral health clinics and outpatient hospitals to treat opioid use disorder.

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- e) Please include each practitioner and provider entity that furnishes each service and component service.
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 - Licensed Behavioral Health Practitioners, specifically Licensed Psychologists, Licensed Clinical Social Workers, Licensed Alcohol and Drug Counselors, Licensed Professional Counselors, and Licensed Marital and Family Therapists
- f) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

General: All provider qualifications applicable to each provider type as set forth in, as applicable, section 5, 6, or 9 of Attachment 3.1-B, also apply to the same category of provider as listed in this section. Providers must also comply with all federal requirements that apply to the provider category for the service provided.

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State: Connecticut

Amount, Duration, and Scope of Services Provided to Medically Needy Group(s): ALL

Section 1905(a)(29) – Medication-Assisted Treatment (MAT) (cont'd)

ix. Utilization Controls

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x. Limitations

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TN # NEW

State: Connecticut

29. Medication-Assisted Treatment (MAT) Pursuant to section 1905(a)(29) of the Social Security Act

MAT pursuant to section 1905(a)(29) of the Social Security Act is reimbursed in accordance with the applicable provision of Attachment 4.19-B for the provider category that is providing MAT, specifically, pursuant to section 5, 6, or 9, as applicable, of Attachment 4.19-B.

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