

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-AD: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Coverage of Community Violence Prevention 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 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 on or after July 1, 2022, SPA 22-AD will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to add coverage for community violence prevention services performed by certified violence prevention professionals. Specifically, in accordance with state law in section 17b-28j of the Connecticut General Statutes (which was added to state law by Public Act 21-36), this SPA adds Medicaid coverage in the ABP for community violence prevention services when the services are referred by a qualified licensed health care practitioner for Medicaid beneficiaries who have received medical treatment for an injury sustained as a result of community violence. The purpose of this SPA is to implement that state law and to help mitigate and prevent community violence and its effects on Medicaid members and the broader community. This service is being added to the underlying Medicaid State Plan (by SPA 22-P) within the preventive services federal Medicaid State Plan benefit category defined in federal regulation at 42 C.F.R. § 440.130(c) and, in accordance with that regulation, these services are recommended by a physician or other qualified licensed practitioner of the healing arts within the practitioner's scope of practice under state law and are designed to prevent further impacts of community violence, prevent future community violence, prolong life, and promote the physical and mental health and efficiency of the individual.

Covered services include screening; assessment of needs; development of individualized service plan; peer support; counseling, including counseling to address and mitigate the impact of trauma;

mentorship; conflict mediation; crisis intervention; patient education; discharge planning; and care coordination. This service must be performed and billed by a community violence prevention billing provider entity that (1) employs or contracts with VPPs who are certified through a program approved by the Connecticut Department of Public Health (DPH) who perform the covered services and (2) complies with all of the entity qualifications specified in the SPA pages for SPA 22-P.

This SPA corresponds to SPA 22-P, which adds this benefit category to the underlying Medicaid State Plan (Attachments 3.1-A, 3.1-B, and 4.19-B).

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

DSS estimates this SPA will not change annual aggregate expenditures in Federal Fiscal Year (FFY) 2022 and FFY 2023 because the fiscal impact of this coverage addition is being reflected in the underlying SPA referenced above (SPA 22-P).

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 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 22-AD: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Coverage of Community Violence Prevention 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 June 30, 2022.



Alternative Benefit Plan

cross-references section 1905(gg) and except as otherwise specifically provided by sections 1905(a)(30) and 1905(gg), all services provided under this benefit follow the same provisions, requirements, and limitations set forth in the applicable section of Attachment 3.1-A of the Medicaid State Plan (or, to the extent applicable, in the relevant waiver or demonstration project) that governs each applicable underlying service that is otherwise covered under the state plan, waiver, or demonstration project.

Remove

Other 1937 Benefit Provided:

COVID Testing, Vaccine Admin & Treatment Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Same as Medicaid State Plan

Duration Limit:

Same as Medicaid State Plan

Scope Limit:

Scope limited pursuant to sections 1905(a)(4)(E) and (F) of the Social Security Act. See sections 7.7-A, 7.7-B, and 7.7-C of the Medicaid State Plan.

Other:

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act, this SPA adds the mandatory benefits for Coronavirus Disease 2019 (COVID-19) testing, vaccine administration, and treatment required pursuant to section 9811(a) of the American Rescue Plan Act of 2021 (ARP). In general, authorization is not required, except that COVID treatment and coverage for a condition that may seriously complicate the treatment of COVID would follow the same authorization procedures as the applicable underlying benefit.

Other 1937 Benefit Provided:

Preventive Svcs:Community Violence Prevention Svcs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Same as Medicaid State Plan

Duration Limit:

Same as Medicaid State Plan

Scope Limit:

Same as Medicaid State Plan, see Attachment 3.1-A of the Medicaid State Plan.

Other:

As described in Attachment 3.1-A of the Medicaid State Plan, community violence prevention services are a new category of service within the preventive services Medicaid State Plan benefit category pursuant to 42 C.F.R. 440.130(c). The purpose of this service is to help mitigate and prevent community violence and its effects on Medicaid members. Authorization is not required.

See Attachment 3.1-A for details regarding this benefit, including service description and provider qualifications.