

## DEPARTMENT OF SOCIAL SERVICES

### Notice of Proposed Medicaid State Plan Amendment (SPA)

#### **SPA 22-U: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Medicaid Coverage of Substance Use Disorder (SUD) Services – Rehabilitative Services Provided in Outpatient and Residential Levels of Care**

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 January 1, 2022, SPA 22-U will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to add coverage for SUD services under the rehabilitative services benefit category pursuant to section 1905(a)(13)(C) of the Social Security Act and as defined in federal regulation at 42 C.F.R. § 440.130(d), provided in outpatient and residential levels of care.

Specifically, this SPA adds coverage for SUD residential and outpatient services to the ABP in conjunction with the state's implementation of its SUD demonstration waiver (Demonstration) pursuant to section 1115 of the Social Security Act, which, as of the submission of this public notice to the Connecticut Law Journal, is expected to be approved shortly by CMS. As required as a condition of the Demonstration, this SPA enables the state to implement coverage and payment for SUD services across the full continuum of the outpatient and residential levels of care set forth in the American Society of Addiction Medicine (ASAM) 3<sup>rd</sup> edition clinical criteria. The Demonstration is also important for this SPA because, once approved by CMS, the Demonstration enables the state to claim for federal financial participation (FFP) for residents of facilities that meet the federal definition of an institution for mental diseases (IMD), which is otherwise not authorized under federal law.

The purpose of this SPA is to improve and expand SUD services covered by Medicaid under the ABP for HUSKY D in alignment with the Demonstration, including to help accomplish the milestones, goals, and objectives set forth in the Demonstration and related materials. More broadly, this SPA, together with the Demonstration and other state initiatives, is part of the state's efforts to address the opioid epidemic and to help individuals with opioid use disorder and other SUDs.

This SPA corresponds to SPA 22-U, which adds Medicaid coverage and payment for these services to the underlying Medicaid State Plan (Attachments 3.1-A, 3.1-B, and 4.19-B). This SPA cross-references to the description of the coverage in the Attachment 3.1-A pages for SPA 22-U, including the service components, provider qualifications, levels of care, and other details.

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 beneficiaries that EPSDT services are available and to inform beneficiaries about 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.

### **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](mailto: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-U: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults to Add Medicaid Coverage of Substance Use Disorder (SUD) Services – Rehabilitative Services Provided in Outpatient and Residential Levels of Care.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than May 19, 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:

SUD Svcs Rehab Benefit - Ambulatory & Residential

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-A

Duration Limit:

See Attachment 3.1-A

Scope Limit:

See Attachment 3.1-A

Other:

As set forth in Attachment 3.1-A, effective May 1, 2022, substance use disorder (SUD) ambulatory and residential services is added as an optional service within the rehabilitative services benefit category of the Medicaid State Plan. All authorization, provider qualifications, amount limits, duration limits, and scope limits are the same as set forth in Attachment 3.1-A. As detailed in Attachment 3.1-A, services must be provided in accordance with the latest edition of the American Society of Addiction Medicine (ASAM) guidelines adopted by the state.

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