STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 23-AB: Update to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults – Clarifying Underlying Medicaid State Plan Move of Specified Clinic Behavioral Health Services to the Rehabilitation Services 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), 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 July 1, 2023, this SPA will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to reflect the move in the underlying Medicaid State Plan of specified behavioral health services provided by clinics to the rehabilitative services benefit category, in order to continue aligning the ABP with the underlying Medicaid State Plan benefit package.

As background, in guidance issued by CMS during the COVID-19 federal public health emergency (PHE), CMS detailed that it interprets the federal clinic regulation (42 C.F.R. § 440.90) to require that for telehealth to be billed by a clinic within the clinic Medicaid State Plan benefit category, either the clinic's practitioner or the member must be located in a licensed location of the clinic. During the PHE, the state requested, and CMS approved, a disaster relief waiver under section 1135 of the Social Security Act allowing the state to cover telehealth services provided by a clinic even if neither the practitioner nor the member was located in a licensed location of that clinic. That section 1135 waiver expired automatically at the end of the federal PHE. In the underlying Medicaid State Plan, through pending SPA 23-0012, the state made changes specified below to maintain flexibility to cover mental health services provided by a clinic via telehealth when neither the clinic practitioner nor the member is in a licensed location of the clinic. Note that this

flexibility is still subject to the broader DSS telehealth policy regarding requirements and procedures for telehealth, which is not being proposed to be changed.

Specifically, in order to enable continuation of this flexibility, the relevant portion of SPA 23-0012 will move mental health services provided by behavioral health clinics and all behavioral health services provided by medical clinics and rehabilitation clinics from the federal Medicaid State Plan clinic benefit category defined by federal regulation at 42 C.F.R. § 440.90 to the federal Medicaid State Plan rehabilitative services benefit category defined by federal regulation at 42 C.F.R. § 440.130(d). This change applies both to privately operated clinics and to public clinics operated by the State of Connecticut Department of Mental Health and Addiction Services (DMHAS). This change applies only to mental health services provided by freestanding behavioral health clinics and only to all behavioral health services provided by medical clinics and rehabilitation clinics currently enrolled with DSS as clinic provider types. This change does not apply to federally qualified health centers (FQHCs) or outpatient hospitals because those federal regulations are more flexible in this context and do not include the restrictions on telehealth that CMS has interpreted to the clinic regulation, as referenced above. This change also does not apply to substance use disorder (SUD) services, because those services were previously moved to the federal Medicaid State Plan rehabilitation services benefit category through approved SPA 22-0020, which was coordinated with the state's approved SUD demonstration waiver pursuant to section 1115 of the Social Security Act.

That portion of SPA 23-0012 does not make any substantive changes to coverage or reimbursement in this context, simply moving existing covered services and reimbursement methodology from the federal clinic benefit category to the federal rehabilitation services benefit category. Rates, reimbursement methodology, and coverage all remain the same. The purpose of this change is set forth above to maintain the state's ability to cover telehealth in the context as described above.

This SPA 23-AB adds a category specifying this coverage under the rehabilitation services benefit category to clarify that the ABP will continue to align with the underlying Medicaid State Plan benefit package.

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

This SPA will not change annual aggregate expenditures both because this change does not make any substantive change to coverage or reimbursement and also because even if there were a fiscal impact, it would have been included in the underlying SPA referenced above.

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 23-AB: Update to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults – Clarifying Underlying Medicaid State Plan Move of Specified Clinic Behavioral Health Services to the Rehabilitation Services 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 **July 27, 2023**.

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 - Outpatient & 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 June 1, 2022. All authorization, provider qualifications, amount limits, duration limits, and scope limits are the same as set forth in Attachment 3.1-A.

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:

See Attachment 3.1-A

Duration Limit:

See Attachment 3.1-A

Scope Limit:

See Attachment 3.1-A

Other:

As described in Attachment 3.1-A of the Medicaid State Plan, effective July 1, 2022, 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). Authorization is not required.

See Attachment 3.1-A for details regarding this benefit.

Other 1937 Benefit Provided:

Rehab: MH Svcs BH Clncs; BH Svcs Med & Rehab Clnc

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Alternative Benefit Plan

Amount Limit:

See Attachment 3.1-A

Duration Limit:

See Attachment 3.1-A

Remove

Scope Limit:

See Attachment 3.1-A

Other:

As set forth in Attachment 3.1-A, effective July 1, 2023. All authorization, provider qualifications, amount limits, duration limits, and scope limits are the same as set forth in Attachment 3.1-A.

Add