

## **DEPARTMENT OF SOCIAL SERVICES**

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

#### **SPA 24-J: CHILDREN'S MENTAL HEALTH URGENT CRISIS CENTERS**

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). Public comment information is at the bottom of this document.

#### **Changes to Medicaid State Plan**

Effective on or after April 1, 2024, SPA 24-J will amend Attachments 3.1-A, 3.1-B and 4.19-B of the Medicaid State Plan to make updates to the coverage language and payment methodologies described below:

SPA 24-J will make the following changes to children's clinics licensed by the Department of Children and Families (DCF) Behavioral Health by establishing coverage to DCF certified Children's Mental Health Urgent Crisis Centers that provide services to children ages 18 years old and under.

This SPA will implement coverage and payment for urgent crisis services provided by Behavioral Health Childrens Clinics licensed by DCF as child guidance clinics and are also certified by DCF as Children's Mental Health Urgent Crisis Centers. This coverage is being added to the Medicaid State Plan within the federal rehabilitation services benefit category described in 42 C.F.R. § 440.130(d) as a new subcategory of mental health services provided by clinics.

The purpose of this SPA is to enable coverage and payment of these services and thereby improve access and outcomes for behavioral health services. Specifically, these centers will function as walk-in clinics, providing youths and their families with immediate access to resources while they are experiencing a behavioral health crisis, such as thoughts of suicide or self-injury, feelings of depression or anxiety, out-of-control behaviors, and substance misuse. The centers are aimed at diverting youths and their families from prolonged or delayed services while seeking treatment at a hospital emergency room. The goal will be to provide services to children experiencing mental health crisis and in need of urgent care.

#### **Fiscal Impact**

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$469,700 in State Fiscal Year (SFY) 2024 and \$4,342,344 in SFY 2025.

#### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site 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 or 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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 24-J: Children’s Mental Health Urgent Crisis Centers.”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than **April 3, 2024**.

STATE: CONNECTICUT  
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO CATEGORICALLY NEEDY  
GROUP(S): ALL

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## 5. Intermediate Intensity Services

- a. Component Description: This component includes: each of the following two types of service packages, each of which is a more intensive combination of the service components defined above in this section than for routine outpatient services (i.e., Assessment and Individualized Plan Development, Therapy, Health Services and Medication Management, and Service Coordination): (i) intensive outpatient services (IOP), which is an integrated program of outpatient psychiatric services that are more intensive treatment than routine outpatient psychiatric services and (ii) partial hospitalization program (PHP) which has the same meaning as provided in sections 1861(ff)(1) to 1861(ff)(3), inclusive, of the Social Security Act.
- b. Qualified Practitioners: Independent licensed practitioners; and associate licensed practitioners or non-licensed or non-certified individual, working under the direct supervision of an independent licensed practitioner.

## 6. Urgent Crisis Center Services for Children

- a. Component Description: This component includes: Behavioral Health Childrens Clinics Licensed by DCF, with a certification as Urgent Crisis Centers. The centers function as walk-in clinics, providing youths and their families with immediate access to resources while they are experiencing a behavioral health crisis, such as thoughts of suicide or self-injury, feelings of depression or anxiety, out-of-control behaviors and substance misuse. The centers are aimed at diverting youths and their families from making visits to emergency rooms to address behavioral health crises.
- b. Qualified Practitioners: Behavioral Health Childrens Clinics Licensed by DCF, with a certification as Urgent Crisis Centers. Independent licensed practitioners; associate licensed practitioners or non-licensed or non-certified individual, working under the direct supervision of an independent licensed practitioner.

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STATE: CONNECTICUT  
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY  
GROUP(S): ALL

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**5. Intermediate Intensity Services**

- c. Component Description: This component includes: each of the following two types of service packages, each of which is a more intensive combination of the service components defined above in this section than for routine outpatient services (i.e., Assessment and Individualized Plan Development, Therapy, Health Services and Medication Management, and Service Coordination): (i) intensive outpatient services (IOP), which is an integrated program of outpatient psychiatric services that are more intensive treatment than routine outpatient psychiatric services and (ii) partial hospitalization program (PHP) which has the same meaning as provided in sections 1861(ff)(1) to 1861(ff)(3), inclusive, of the Social Security Act.
- d. Qualified Practitioners: Independent licensed practitioners; and associate licensed practitioners or non-licensed or non-certified individual, working under the direct supervision of an independent licensed practitioner.

**6. Urgent Crisis Center Services for Children**

- a. Component Description: This component includes: Behavioral Health Childrens Clinics Licensed by DCF, with a certification as Urgent Crisis Centers. The centers function as walk-in clinics, providing youths and their families with immediate access to resources while they are experiencing a behavioral health crisis, such as thoughts of suicide or self-injury, feelings of depression or anxiety, out-of-control behaviors and substance misuse. The centers are aimed at diverting youths and their families from making visits to emergency rooms to address behavioral health crises.
- b. Qualified Practitioners: Behavioral Health Childrens Clinics Licensed by DCF, with a certification as Urgent Crisis Centers. Independent licensed practitioners; associate licensed practitioners or non-licensed or non-certified individual, working under the direct supervision of an independent licensed practitioner.

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GROUP(S): ALL

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b. Qualified Practitioners: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors; registered nurses; licensed practical nurses; unlicensed counselors; peer support specialists; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner.

## 6. Skill Building and Psycho-Education

- a. Component Description: This component assists the individual to restore skills to minimize behavioral symptoms and prevent progression associated with SUD as outlined in the individualized treatment plan. The skill building is directed to decrease problem behavior and increase appropriate pro-social behavior and promote integration with community resources. Psycho-education and wellness education provide instruction and training to increase an individual's knowledge and understanding of, as applicable, any combination of health, development, diagnosis(es), prognosis(es), and treatment, in order to enhance health, increase engagement and collaboration with treatment, and favorably affect clinical outcomes.
- b. Qualified Practitioners: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors, registered nurses; licensed practical nurses; peer support specialists; unlicensed counselors; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner.

## 7. Urgent Crisis Center Services for Children

- a. Component Description: This component includes: Behavioral Health Childrens Clinics Licensed by DCF, with a certification as Urgent Crisis Centers. The centers function as walk-in clinics, providing youths and their families with immediate access to resources while they are experiencing a behavioral health crisis, such as thoughts of suicide or self-injury, feelings of depression or anxiety, out-of-control behaviors and substance misuse. The centers are aimed at diverting youths and their families from making visits to emergency rooms to address behavioral health crises.
- b. Qualified Practitioners: Behavioral Health Childrens Clinics Licensed by DCF, with a certification as Urgent Crisis Centers.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO CATEGORICALLY  
NEEDY GROUP(S): ALL

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**C. Levels of Care**

The amount, frequency, and duration of covered SUD services are provided in accordance with the member's individualized treatment plan and ASAM criteria. The applicable levels of care for the provision of SUD services and the service components covered within each setting are as follows, each of which aligns with the ASAM levels of care. Except as otherwise specifically provided below, all service components described above are covered within each level of care described below.

1. **Level 0.5 - Early Intervention Services** are outpatient services designed to explore and address problems or risk factors that appear to be related to substance use and addictive behavior and to help the individual recognize the harmful consequences of high-risk substance use and/or addictive behavior. Services are provided to individuals who, for a specific reason(s), are at risk of developing substance-related or addictive behavior problems or for those for whom there is insufficient information to document a substance use disorder. The following service components are covered in this level of care: all service components described above.
2. **Level 1 - Outpatient Services** are professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential treatment setting. Outpatient services are organized activities that may be delivered in any appropriate home or community setting that meets the requirements of state licensure for the provider. The following service components are covered in this level of care:
  - Assessment and individualized treatment plan development
  - Therapy
  - Health services and medication management
  - Peer support
  - Service coordination
  - Skill building and psycho-education
  - [Urgent Crisis Center Services for Children 18 and under.](#)
3. **Level 1-WM - Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring Services** are outpatient services to provide medically supervised evaluation, withdrawal management, and referral for continued care. The components of this level of care include comprehensive medical history and physical examination; medication or non-medication methods of WM; patient education; non-pharmacological clinical support; involvement of family members and collateral contacts in the WM process, as appropriate; and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups. The following service components are covered in this level of care: all service components described above.

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STATE: Connecticut

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GROUP(S): ALL

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b. Qualified Practitioners: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors; registered nurses; licensed practical nurses; unlicensed counselors; peer support specialists; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner.

**6. Skill Building and Psycho-Education**

a. Component Description: This component assists the individual to restore skills to minimize behavioral symptoms and prevent progression associated with SUD as outlined in the individualized treatment plan. The skill building is directed to decrease problem behavior and increase appropriate pro-social behavior and promote integration with community resources. Psycho-education and wellness education provide instruction and training to increase an individual's knowledge and understanding of, as applicable, any combination of health, development, diagnosis(es), prognosis(es), and treatment, in order to enhance health, increase engagement and collaboration with treatment, and favorably affect clinical outcomes.

b. Qualified Practitioners: Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors, registered nurses; licensed practical nurses; peer support specialists; unlicensed counselors; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervision of an independent licensed practitioner or other applicable qualified supervisor as set forth below in the definition for each category of practitioner.

**7. Urgent Crisis Center Services for Children**

a. Component Description: This component includes: Behavioral Health Childrens Clinics Licensed by DCF, with a certification as Urgent Crisis Centers. The centers function as walk-in clinics, providing youths and their families with immediate access to resources while they are experiencing a behavioral health crisis, such as thoughts of suicide or self-injury, feelings of depression or anxiety, out-of-control behaviors and substance misuse. The centers are aimed at diverting youths and their families from making visits to emergency rooms to address behavioral health crises. .

b. Qualified Practitioners: Behavioral Health Childrens Clinics Licensed by DCF, with a certification as Urgent Crisis Centers.

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STATE: Connecticut  
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY  
GROUP(S): ALL

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**C. Levels of Care**

The amount, frequency, and duration of covered SUD services are provided in accordance with the member's individualized treatment plan and ASAM criteria. The applicable levels of care for the provision of SUD services and the service components covered within each setting are as follows, each of which aligns with the ASAM levels of care. Except as otherwise specifically provided below, all service components described above are covered within each level of care described below.

4. **Level 0.5 - Early Intervention Services** are outpatient services designed to explore and address problems or risk factors that appear to be related to substance use and addictive behavior and to help the individual recognize the harmful consequences of high-risk substance use and/or addictive behavior. Services are provided to individuals who, for a specific reason(s), are at risk of developing substance-related or addictive behavior problems or for those for whom there is insufficient information to document a substance use disorder. The following service components are covered in this level of care: all service components described above.
  
5. **Level 1 - Outpatient Services** are professionally directed assessment, diagnosis, treatment and recovery services provided in a non-residential treatment setting. Outpatient services are organized activities that may be delivered in any appropriate home or community setting that meets the requirements of state licensure for the provider. The following service components are covered in this level of care:
  - Assessment and individualized treatment plan development
  - Therapy
  - Health services and medication management
  - Peer support
  - Service coordination
  - [Skill building and psycho-education](#)
  - [Urgent Crisis Center Services for Children 18 and under](#)
  
6. **Level 1-WM - Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring Services** are outpatient services to provide medically supervised evaluation, withdrawal management, and referral for continued care. The components of this level of care include comprehensive medical history and physical examination; medication or non-medication methods of WM; patient education; non-pharmacological clinical support; involvement of family members and collateral contacts in the WM process, as appropriate; and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups. The following service components are covered in this level of care: all service components described above.

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**STATE: CONNECTICUT**

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**Substance Use Disorder (SUD) Services - Rehabilitative Services 42 CFR 440.130(d)**

Except as otherwise noted in the Medicaid State Plan, the state-developed fee schedule is the same for both governmental and private providers. The agency's fee schedule rates for substance use disorder services in the rehabilitative services benefit category were set as of ~~June 1, 2022~~ April 1, 2024 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider" then to "Provider Fee Schedule Download," then select the applicable fee schedule (for residential levels of care, select the fee schedule for free-standing residential treatment facilities; for ambulatory levels of care, select the fee schedule for behavioral health clinics and use the codes applicable to SUD services).

Room and board costs are not included in the fee for SUD services paid under section 13 of Attachment 4.19-B and are not reimbursable.

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## STATE: CONNECTICUT

**Mental Services Provided by Clinics - Rehabilitative Services 42 CFR 440.130(d)**

**Mental Health Services Provided by Privately Operated Behavioral Health Clinics and Behavioral Health Services Provided by Medical Clinics and Rehabilitation Clinics.** Except as otherwise noted in the Medicaid State Plan, the state-developed fee schedule is the same for both governmental and private providers. The agency's fee schedule rates for mental health services provided by privately operated behavioral health clinics and behavioral health services provided by medical clinics and rehabilitation clinics in the rehabilitative services benefit category were set as of ~~October 1, 2023~~ April 1, 2024 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider" then to "Provider Fee Schedule Download," then select the applicable fee schedule (for mental health services provided by behavioral health clinics, select the behavioral health clinic fee schedule and refer to the applicable codes as provided by freestanding clinics; for mental health services provided by medical clinics, select the medical clinic fee schedule and refer to the codes for mental health services; and for mental health services provided by rehabilitation clinics, select the rehabilitation clinic fee schedule and refer to the codes for mental health services).

There is a separate fee schedule for private behavioral health clinics providing behavioral health services under the rehabilitative services benefit category that meet special access and quality standards, and such fees are higher than the fees available to clinics that do not meet such special standards. These clinics must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine. A clinician must evaluate a client who presents at the clinic with an emergent condition within two (2) hours. Clients that undergo telephonic or walk-in screening and are determined to be in urgent need of services must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Clients that undergo telephonic or walk-in screening and are determined to have routine needs must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. These clinics must have at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. Providers that are designated Enhanced Care Clinics and have a valid Letter of Agreement with the Department that holds them accountable to the quality standards and access standards receive the enhanced rate for all routine outpatient services provided. The state monitors the access standards on a routine basis.

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