

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 25-B: Clinic Services – 1.) January 2025 HIPAA Compliant Updates for Dialysis Clinics, Family Planning Clinics, Medical Clinics, and Behavioral Health Clinic Fee Schedules 2.) Updates to Physician Administered Drugs for Behavioral Health Clinics, Dialysis Clinics, Family Planning Clinics, and Medical Clinics

The State of Connecticut Department of Social Services (DSS) submitting the following Medicaid State Plan Amendment 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 January 1, 2025, SPA 25-B will amend Attachment 4.19-B of the Medicaid State Plan to revise various clinic fee schedules as detailed below.

First, this SPA updates behavioral health, dialysis, family planning, and medical clinics fee schedules to incorporate the 2025 Healthcare Common Procedural Coding System (HCPCS) changes (additions, deletions, and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. For newly added codes that are replacing codes that are being deleted, these are priced in a manner designed to be cost-neutral to the previous overall payment methodology.

Second, this SPA will update the reimbursement rate for select physician administered drugs on the behavioral health, dialysis, family planning, and medical clinics fee schedules to be consistent with the January 2025 Medicare Average Sales Price (ASP) Drug Pricing file. The reimbursement rates for select physician administered drugs, immune globulins, vaccines, and toxoids will be revised to equal 100% of the January 2025 Medicare ASP Drug Pricing file.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

Fiscal Impact

DSS estimates the updates for HIPAA compliance and annual review of physician-administered drug reimbursement rates of the following fee schedules: behavioral health, dialysis, family

planning, and medical clinics will not change the annual aggregate expenditures in State Fiscal Year (SFY) 2025 and SFY 2026.

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 25-B: Clinic Services – January 2025 HIPAA Compliant Updates and Physician-Administered Drug Updates for Behavioral Health Clinics, Dialysis Clinics, Family Planning Clinics, and Medical Clinics.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 11, 2025.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

9. Clinic services – Rates for freestanding clinics are set as follows:

(a) Ambulatory Surgical Centers: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ambulatory surgical center services. The agency’s fee schedule rates were set as of January 1, ~~2023-2025~~ 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.

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(b) Dialysis Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dialysis clinic services. The agency's fee schedule rates were set as of January 1, ~~2023~~2025, 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.

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- (c) Family Planning Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning clinic services. The agency's fee schedule rates were set as of January 1, ~~2023~~-2025 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.

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(d) Medical Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical clinic services. The agency's fee schedule rates were set as of ~~July 1, 2024~~ January 1, 2025, 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.

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(e) Behavioral Health Clinics: (e.1) **Private Behavioral Health Clinics.** Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of behavioral health clinic services. The agency's fee schedule rates for private behavioral health clinic services were set as of ~~July 1, 2024~~ January 1, 2025 and are effective for services on or after that date. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee. 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.

Effective January 1, 2012 the Department established a separate fee schedule for private behavioral health clinics 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 and provides access standard reports to the providers on a quarterly basis. The state has established a process for providers to submit corrective action plans (CAPs) if they do not meet the access standards for any reason except in increase in volume in excess of 20% compared to the same quarter of the previous year. All Enhanced Care Clinics must electronically register appointments made with the Administrative Services Organization (ASO).

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