

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA CT 25-AC: Updates to the Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Primary Care Setting

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 July 1, 2025, SPA 25-AC will amend Attachment 4.19-B of the Medicaid State Plan to revise the procedure codes used for billing Screening, Brief Intervention, and Referral to Treatment (SBIRT) services listed on the physician office and outpatient fee schedule, medical clinics (including school-based health clinic), family planning clinic, rehabilitation clinic fee schedule. Additionally, the list of procedure codes eligible for the Person-Centered Medical Home (PCMH) Program add-on payment will be revised to update the procedure codes for SBIRT services. For a complete list of eligible procedure codes for the PCMH add-on payment, please visit https://www.huskyhealthct.org/providers/PCMH/pcmh_postings/PCMH_Codes_Enhanced_Reimbursement.pdf.

SBIRT is a comprehensive, integrated approach to the delivery of early intervention and treatment services for persons with, or at-risk for, substance use disorders, including alcohol. The goal of SBIRT is to provide early intervention services to at-risk individuals before more serious medical problems develop.

Fee schedules are published at: <http://www.ctdssmap.com>. Select “Provider”, then select “Provider Fee Schedule Download”; after accepting the terms and conditions, follow the prompts: Terms and Conditions, and select applicable fee schedule.

Fiscal Impact

This proposed change is estimated to have a gross fiscal impact of \$488,960 in SFY 2026 and \$513,408 in SFY 2027.

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 resource center, 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 CT 25-AC: Updates to the Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Primary Care Setting”.

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 9, 2025.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

(5) Physician’s services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician’s services. The agency’s fee schedule rates were set as of ~~July 1, 2025~~ July 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.

TN # 25-AC
Supersedes
TN # 25-Y

Approval Date _____

Effective Date 07/01/2025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition or NCQA medical home recognition under the 2017 or later NCQA standards (which do not recognize specific levels of recognition). PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

- (a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, ~~99408, 99409~~, 99411, 99412, 99417, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, 99442, 99443, G8431, ~~and~~ G8510, H0049 and H0050.

TN # 25-AC

Supersedes

TN # 24-0009

Approval Date _____

Effective Date 07/01/2025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

- (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~~ July 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.

TN # 25-AC
Supersedes
TN # 25-U

Approval Date _____

Effective Date 01-01-2025

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

(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 ~~January~~ July 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.

TN # 25-AC
Supersedes
TN # 25-U

Approval Date _____

Effective Date 01-01-2025

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

(f) Rehabilitation Clinics:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitation clinic services. The agency's fee schedule rates were set as of ~~July 1, 2025~~ July 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.

TN # 25-AC

Supersedes

TN # 25-X

Approval Date _____

Effective Date 07/01/2025