

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-AJ: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults Regarding Removal of Requirement for Providers to Obtain Registration Before Performing Routine Outpatient Behavioral Health Services

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, effective January 1, 2014, 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, 2021, SPA 21-AJ will amend the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to remove references to the requirement for providers in specified categories (outpatient hospital services, behavioral health clinic services, physician services, and services of behavioral health clinicians in independent practice, specifically psychologists, licensed clinical social workers, licensed marital and family therapists, and licensed alcohol and drug counselors) to obtain registration before performing routine outpatient behavioral health services. Prior authorization has also been removed for electroconvulsive therapy. The purpose of this SPA is to remove administrative barriers to enabling Medicaid members to have full access to routine outpatient behavioral health services and is also designed to ensure that the ABP remains in compliance with all applicable requirements, including 42 C.F.R. §§ 440.345(c) and 440.395.

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 them that EPSDT services are available and of 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.

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 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 (Phone: 860-424-5067). Please reference "SPA 21-AJ: Updates to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults Regarding Removal of Requirement for Providers to Obtain Registration Before Performing Routine Outpatient Behavioral Health Services".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than September 16, 2021.



Alternative Benefit Plan

Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment Collapse All

Benefit Provided:

Inpatient Hospital Services - MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- All admissions require prior authorization and continued stays require additional concurrent review authorizations.
- Substance detox admissions are triaged to be sure they cannot be provided at a less restrictive setting such as a residential detox facility
- This benefit includes hospital, PRTFs and residential detox services
- This benefit does not include services in an IMD

Benefit Provided:

Outpatient Hospital Services - MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- ~~- Routine services require registration (but not authorization)~~
- No more than one psychiatric/psychological reevaluation per year per hospital (may be exceeded based on medical necessity)
- Authorization required for partial hospitalization, psychological testing, and intensive outpatient services ~~electroconvulsant shock therapy.~~

Benefit Provided:

Physician Services - MH/SUD

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="See 'Other information'"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="- Services to inpatients, observation care services and emergency department services do not require authorization or registration
- Routine outpatient services require registration (but not authorization)
- Psychological testing, <u>intensive outpatient services</u>, and electroconvulsive therapy and interpretation of test results require authorization (as do consultations and case management beyond threshold amounts)
- No more than one psychiatric evaluation in any 12 month period per provider for the same client (may be exceeded based on a determination of medical necessity)
- No more than one psychiatric therapy visit of the same type per day, per provider, per client"/>		
Benefit Provided: <input type="text" value="Clinic Services: MH & SA Clinics"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="See 'Other information'"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="- Routine services require registration (but not authorization)
- No more than one therapy session of the same type per day per clinic for the same client
- No more than one psychiatric evaluation per performing provider per episode of care for the same client (may be exceeded based on medical necessity)
- Services include routine outpatient, intensive outpatient, day treatment and partial hospitalization
- Authorization required for <u>intensive outpatient services</u>, partial hospitalization, and psychological testing."/>		
Benefit Provided: <input type="text" value="Clinic Services: Methadone Maintenance Clinics"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Other Practitioner: Professional Counselor Svs"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text"/>		
Other: <input type="text" value="Registration required"/>		
Other 1937 Benefit Provided: <input type="text" value="Other Practitioner: Licensed ADC Svs"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text"/>		
Other: <input type="text" value="- Other Practitioner: Licensed Alcohol and Drug Counselor Services
Registration required"/>		
Other 1937 Benefit Provided: <input type="text" value="Other Pract: Licensed Marital & Family Therapist"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text"/>		



Alternative Benefit Plan

Other: <input type="text" value="Registration required"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Other Practitioner: Psychologist"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text"/>		
Other: <input type="text" value="Registration required"/>		
Other 1937 Benefit Provided: <input type="text" value="Licensed Clinical Social Worker"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text"/>	Duration Limit: <input type="text"/>	
Scope Limit: <input type="text"/>		
Other: <input type="text" value="Registration required"/>		
Other 1937 Benefit Provided: <input type="text" value="Preventive Services: Autism Spectrum Disorder Svcs"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	