

**NOTICE OF INTENT TO SUBMIT MEDICAID STATE PLAN AMENDMENT
RELATED TO AN ALTERNATIVE BENEFIT PLAN FOR THE MEDICAID
COVERAGE GROUP FOR LOW-INCOME ADULTS**

In accordance with 42 C.F.R. § 440.386, the State of Connecticut Department of Social Services (“Department”) hereby gives notice of its intent to seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for a state plan amendment (SPA) to establish an Alternative Benefit Plan (ABP) effective January 1, 2014 in accordance with section 2001 of the Patient Protection and Affordable Care Act (ACA), P.L. 111-149. The purpose of this notice is to describe the Alternative Benefit Plan and solicit public comment regarding the plan. The Department intends to submit the state plan amendment regarding the ABP to CMS on or before December 31, 2013.

The ABP is the benefit package that will be provided to beneficiaries in the Medicaid low-income adult population under Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act effective January 1, 2014. Connecticut intends to continue providing the full array of Medicaid state plan services to this population; the Alternative Benefit Package will align with the existing state plan coverage.

As permitted under the early option in Section 1902(a)(k)(2) of the Social Security Act, as amended by Affordable Care Act, in 2010, the Department amended its Medicaid State Plan to add a new Medicaid group for low-income adults without dependent children. This action was intended to expand access to comprehensive health care to certain very low-income individuals. (The coverage limit in 2010 was 56% of the federal poverty level (FPL) for most of the state and was a slightly higher limit for Region A/Southwestern Connecticut). This program has been referred to as Medicaid for Low-Income Adults (MLIA) or HUSKY D. The Department has been providing full state plan coverage as a form of “Secretary-approved coverage” to the MLIA population.

Pursuant to the ACA, effective January 1, 2014, Connecticut will expand 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.

Effective January 1, 2014, Connecticut must also offer assurances that the services provided to the low-income adult population provides the essential health benefits described in Section 1302(b) of the Social Security Act, as amended by the ACA. The SPA will demonstrate to CMS that the current Medicaid state plan includes services that are equal to or exceed services in the 10 Essential Health Benefits categories in a selected base-benchmark plans.

In addition to providing all state plan services, the ABP will provide full access to EPSDT services to beneficiaries under 21 years of age. This will include informing them that EPSDT services are available and of the need for age-appropriate immunizations. The ABP will also provide or arrange for the provision of screening services for all children and for corrective

treatment as determined by child health screenings. These EPSDT services will be provided by the Department's fee-for-service provider network. EPSDT clients will also be 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 state plan.

The ABP will also offer access to non-emergency medical transportation services. The ABP will provide habilitative and rehabilitative services through a variety of therapies. The ABP will also meet requirements of the federal Mental Health Parity and Addiction Equity Act.

Limits will exist for certain services. The limits will be the current limits which exist for the current Medicaid population, as described in the current state plan.

There will be no changes to cost sharing for the services provided under the ABP. Connecticut does not currently impose cost sharing on Medicaid beneficiaries. As there are no Medicaid cost sharing requirements for Connecticut beneficiaries, no exemptions will be 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.

A link to this notice and to list of the state plan services aligned with the 10 EHB categories can be found on the DSS website at <http://www.ct.gov/dss>; select "Publications," then select "Updates". Copies of the notice and services list may also be obtained by calling (860) 424-4873 or by written request to the address below.

Comments or inquiries must be submitted in writing by mail, e-mail, or fax within 30 days of the publication date of this notice to:

Kate McEvoy, Interim Director
Division of Health Services
Department of Social Services
25 Sigourney Street
Hartford, CT 06106
Fax: 860-424-5799
E-mail address: kate.mcevoy@ct.gov