

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) to Amend the Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults

Coverage of Services for the Treatment of Gender Dysphoria (SPA 15-023)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendments 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 being provided to the Medicaid low-income adult population under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (also known as the HUSKY D coverage groups). 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 Alternative Benefit Plan

Effective on or after January 1, 2015, SPA 15-023 amends the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to reflect the same changes in the ABP for HUSKY D Medicaid members as described in proposed SPA 15-007, which will amend the Medicaid State Plan to eliminate exclusions for coverage of “transsexual surgical procedures” and related services. This exclusion is found in the inpatient hospital services and physician services provisions of the Medicaid State Plan. These coverage exclusions were originally based upon the view that such surgeries and related procedures and services were experimental or unproven in nature. The medical community now recognizes a variety of surgeries and treatments for “gender identity disorder” or “gender dysphoria”. These diagnoses are recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-4) and the forthcoming DSM-5.

SPA 15-023 will not make any other changes to the ABP than as described above. 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 state plan.

Likewise, SPA 15-023 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 Information

Based on the information that is available at this time, DSS anticipates that this SPA will result in increased annual aggregate expenditures in Federal Fiscal Years 2015 and 2016 in amounts to be determined.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS website: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates".

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference "SPA 15-023: Amendment to Alternative Benefit Plan Regarding Coverage of Services for the Treatment of Gender Dysphoria".

Members of the public may also send DSS written comments about this proposed SPA. Written comments must be received at the above contact information no later than March 26, 2015.



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other information"

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

Prior authorization required before admission for elective stays (i.e., all admissions that are neither emergencies nor maternity).

Surgical services to treat morbid obesity (defined by ICD) are limited to instances in which another medical illness is caused by, or aggravated by, the obesity, including illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system.

Inpatient hospital stay is not covered when one of the following services or procedures are performed:

- Tuboplasty and sterilization reversal
- Inpatient charges related to autopsy
- ~~Transsexual surgical procedures for gender change or reassignment or procedures as part of the process of preparing for transsexual surgery~~
- All services/procedures of a plastic or cosmetic nature performed for reconstructive purposes

See also EHB 2: Emergency services and EHB 4: Maternity and newborn care

Add



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Clinic Services: Ambulatory Surgery Center

Source:

State Plan 1905(a)

Remove

Authorization:

None

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:

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

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:

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

See "Other information"

Scope Limit:

Surgical services for morbid obesity, except as described in "Other information"





Alternative Benefit Plan

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

- Surgical services to treat morbid obesity (defined by ICD) are limited to instances in which another medical illness is caused by, or aggravated by, the obesity, including illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system
- Genetic testing requires prior authorization
- Physician services related to the non-covered surgical procedures listed in EHB 3: Hospitalization under Inpatient Hospital Services are not covered

Remove

Benefit Provided:

Certified Pediatric or Family Nurse Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

None

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:

Benefit Provided:

Other Practitioner: Nurse Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

None

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:

Benefit Provided:

Other Practitioner: Physician Assistant

Source:

State Plan 1905(a)