

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

Clarifying Amendment to ABP Regarding Various Behavioral Health Services (Including Targeted Case Management for Individuals with Developmental Disabilities, Targeted Case Management for Children with a Behavioral Health Disorder Under Age 19, Authorization Requirement Changes for Specified Behavioral Health Services, and Tobacco Cessation Group Counseling in Outpatient Hospitals) (SPA 15-030)

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 April 1, 2015, SPA 15-030 amends the ABP (Attachment 3.1-L of the Medicaid State Plan) in order to reflect the same coverage in the ABP for HUSKY D Medicaid members as described in the underlying State Plan (Attachments 3.1-A and 3.1-B) regarding various behavioral health services.

First, this SPA adds Targeted Case Management (TCM) for Individuals with Developmental Disabilities and TCM for children with a behavioral health disorder under 19 years of age as other section 1937 services covered under the ABP. Although the ABP was designed to align completely with the underlying State Plan when it was first established effective January 1, 2014 (and therefore, to include coverage of those two categories of TCM services), in addition to the ABP itself indicating that it was fully aligning with the underlying State Plan, references to those two categories of TCM services were inadvertently omitted from the initial ABP as written and are being added to clarify that those services are also included in the ABP, as was originally intended. Second, to continue complete alignment with the underlying State Plan, SPA 15-030

also amends the ABP to reflect changes in authorization requirements for specified behavioral health services. Third, to avoid any potential ambiguity, SPA 15-030 clarifies that tobacco cessation group counseling is reimbursed in outpatient hospitals in addition to clinics and FQHCs, as SPA 14-035 already amended Attachment 4.19-B of the State Plan to provide for such reimbursement (and Attachment 4.19-B was already incorporated by reference into the ABP as the reimbursement methodology for applicable services). Finally, SPA 15-030 will make any additional technical changes as necessary to maintain alignment between the ABP and the underlying State Plan.

SPA 15-030 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 15-030 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

Because the changes proposed by SPA 15-030 are merely to clarify and update the ABP to avoid any potential ambiguity and to maintain complete alignment with the underlying Medicaid State Plan, this SPA is not anticipated to result in any change in Medicaid expenditures.

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".

Requests for copies of this SPA or inquiries about the SPA 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 15-030: Clarifying Amendment to Alternative Benefit Plan Regarding Various Behavioral Health Services”.

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 June 15, 2015.



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment	Collapse All <input type="checkbox"/>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;">Benefit Provided: Inpatient Hospital Services - MH/SUD</td> <td style="width: 35%; padding: 5px;">Source: State Plan 1905(a)</td> <td style="width: 20%; text-align: center; padding: 5px;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="padding: 5px;">Authorization: Other</td> <td style="padding: 5px;">Provider Qualifications: Medicaid State Plan</td> <td></td> </tr> <tr> <td style="padding: 5px;">Amount Limit: None</td> <td style="padding: 5px;">Duration Limit: None</td> <td></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Scope Limit: None</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> 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 </td> </tr> </table>		Benefit Provided: Inpatient Hospital Services - MH/SUD	Source: State Plan 1905(a)	<input type="button" value="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: Inpatient Hospital Services - MH/SUD	Source: State Plan 1905(a)	<input type="button" value="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																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;">Benefit Provided: Outpatient Hospital Services - MH/SUD</td> <td style="width: 35%; padding: 5px;">Source: State Plan 1905(a)</td> <td style="width: 20%; text-align: center; padding: 5px;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="padding: 5px;">Authorization: Other</td> <td style="padding: 5px;">Provider Qualifications: Medicaid State Plan</td> <td></td> </tr> <tr> <td style="padding: 5px;">Amount Limit: See "Other information"</td> <td style="padding: 5px;">Duration Limit: None</td> <td></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Scope Limit: None</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> 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, intensive outpatient, observation, psychological testing, and electroconvulsant shock therapy. </td> </tr> </table>		Benefit Provided: Outpatient Hospital Services - MH/SUD	Source: State Plan 1905(a)	<input type="button" value="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, intensive outpatient, observation, psychological testing, and electroconvulsant shock therapy.		
Benefit Provided: Outpatient Hospital Services - MH/SUD	Source: State Plan 1905(a)	<input type="button" value="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, intensive outpatient, observation, psychological testing, and electroconvulsant shock therapy.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;">Benefit Provided: Physician Services - MH/SUD</td> <td style="width: 55%; padding: 5px;">Source: State Plan 1905(a)</td> </tr> </table>		Benefit Provided: Physician Services - MH/SUD	Source: State Plan 1905(a)													
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: <ul style="list-style-type: none">- 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 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: <ul style="list-style-type: none">- 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 intensive outpatient, 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

Essential Health Benefit 9: Preventive and wellness services and chronic disease management Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Physician Services - Preventive and Wellness

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:

This includes a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adolescents recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM) and supported by HRSA

Benefit Provided:

Preventive Services - Tobacco Counseling

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Scope Limit:

None

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

In accordance with Treating Tobacco Use and Dependence, a Public Health Service-sponsored Clinical Practice Guideline
Group counseling only for LMHAs, and FQHCs, and outpatient hospitals

Add



Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove
Scope Limit: Only for clients under age 21		
Other: Only for services described in the IEP and otherwise coverable under Section 1905(a), as specified in the Medicaid State Plan No other authorization required		
Other 1937 Benefit Provided: TCM for Clients with Chronic Mental Illness	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: 		
Other 1937 Benefit Provided: Nursing Facility Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: 		
Other 1937 Benefit Provided: ICF/IID fka ICF/MR Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	

*TCM for Clients with Developmental Disabilities
; TCM for Children with a Behavioral Health Disorder Under Age 19*