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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

May 8, 2017

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 15-010, submitted to my office on March 31, 2015 and approved on May 1, 2017. This SPA amends Attachment 4.19-B of the Medicaid State Plan to enable medical clinics, rehabilitation clinics, and mental health and substance abuse clinics to be reimbursed for performing comprehensive diagnostic evaluations for autism spectrum disorder (ASD) for individuals under age twenty-one as described in the Attachment 3.1-A and 3.1-B pages with SPA 15-004.

This SPA has been approved effective January 1, 2015, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19-B, Page 1(c)
- Attachment 4.19-B, Page 1(c)i
- Attachment 4.19-B, Page 1(c)vii

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 15-010	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2015
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5. TYPE OF STATE PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

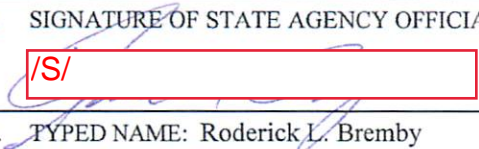
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(9) of the Social Security Act and 42 CFR 440.90	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$179,000 b. FFY 2016 \$597,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 1(c) Attachment 4.19-B, Page 1 (c)i Attachment 4.19-B, Page 1 (c)vii	9. PAGE NUMBER OF SUPERSEDED PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 1(c) Attachment 4.19-B Page 1(c)i Attachment 4.19-B Page 19c)vii
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10. SUBJECT OF AMENDMENT: Effective January 1, 2015, SPA 15-010 revises Attachment 4.19-B of the Medicaid State Plan to enable medical clinics, rehabilitation clinics, and mental health and substance abuse clinics to be reimbursed for performing comprehensive diagnostic evaluations for autism spectrum disorder (ASD) for individuals under age twenty-one as described in the Attachment 3.1-A and 3.1-B pages with SPA 15-004. SPA 15-010 is being submitted separately from SPA 15-004 because the reimbursement page for these providers within the clinic benefit category section of Attachment 4.19-B of the State Plan is currently pending on off-the clock SPAs 11-017, 12-011, 13-024, and 14-012.

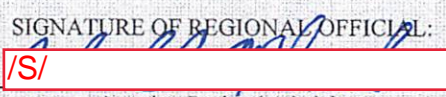
11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 31, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2015	18. DATE APPROVED: May 1, 2017
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS: State requested pen and ink changes to boxes 8 and 9 to reflect changes based on approval of SPA 12-011 on April 20, 2017

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

(d) Medical Clinics: The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Rates are the same for private and governmental providers.

TN # 15-010
Supersedes
TN # 15-002

Approval Date 05/01/2017 Effective Date 01-01-2015

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

(e) Behavioral Health Clinics:

(e.1) **Private Behavioral Health Clinics.**

The current fee schedule was set as of January 1, 2015¹ and is effective for services on or after that date. Fees for services provided to individuals 18 years of age and over will be 95% of the published fee.

Effective January 1, 2012 the Department established a separate fee schedule for private behavioral health clinics that meet special access and quality standards and such fees are higher than the fees available to clinics that do not meet such special standards. These clinics must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine. A clinician must evaluate a client who presents at the clinic with an emergent condition within two (2) hours. Clients that undergo telephonic or walk-in screening and are determined to be in urgent need of services must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Clients that undergo telephonic or walk-in screening and are determined to have routine needs must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. These clinics must have at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. Providers that are designated Enhanced Care Clinics and have a valid Letter of Agreement with the Department that holds them accountable to the quality standards and access standards receive the enhanced rate for all routine outpatient services provided. The state monitors the access standards on a routine basis and provides access standard reports to the providers on a quarterly basis. The state has established a process for providers to submit corrective action plans (CAPs) if they do not meet the access standards for any reason except in increase in volume in excess of 20% compared to the same quarter of the previous year. All Enhanced Care Clinics must electronically register appointments made with the Administrative Services Organization (ASO).

TN # 15-010
Supersedes
TN # 14-012

Approval Date 05/01/2017

Effective Date 01-01-2015

¹ **EXPLANATORY FOOTNOTE:** This SPA substantively supersedes SPA 15-002 (although that SPA approval is not affected by this SPA), but the superseded SPA for this page is listed as SPA 14-012 because of pagination changes. See the SPA records for SPAs 11-017, 12-011, 13-024, and 14-012 for additional details.

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

OFFICIAL

(f) Rehabilitation Clinics:

The current fee schedule was set as of January 1, 2015² and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Rates are the same for private and governmental providers.

TN # 15-010

Approval Date 05/01/2017

Effective Date 01-01 2015

Supersedes

TN # 12-011

² **EXPLANATORY FOOTNOTE:** This SPA substantively supersedes SPA 15-002 (although that SPA approval is not affected by this SPA), but the superseded SPA for this page is listed as SPA 12-011 because of pagination changes. See the SPA records for SPAs 11-017 and 12-011 for additional details.