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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

July 18, 2018

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

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 18-016, submitted to my office on March 27, 2018 and approved on June 21, 2018. This SPA amends Attachment 4.19-B of the Medicaid State Plan in order to make various changes to the reimbursement of chemical maintenance clinics including: pro-rating the weekly rate to account for weeks in which services are provided on fewer than seven days in the week, specifying in detail the services that are included in the rate, and providing for specific types of documentation regarding the services that are provided.

The SPA also removes references to specific provider locations, establishes provisions for merged clinics and newly licensed clinics, and authorizes payment for take-home doses in compliance with federal guidelines

This SPA has been approved effective February 1, 2018, as requested by the State.

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

- Attachment 4.19B, Page 1(d)
- Attachment 4.19B, Page 1(d)i
- Attachment 4.19B, Page 1(d)ii

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 18-0016	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: February 1, 2018	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

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

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(9) of the Social Security Act and 42 CFR 440.90	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$321,000 b. FFY 2019 \$986,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1(d) Attachment 4.19-B, Pages 1(d)i and 1(d)ii	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Page 1(d) NEW
10. SUBJECT OF AMENDMENT: Effective February 1, 2018, SPA 18-0016 amends Attachment 4.19-B of the Medicaid State Plan in order to make various changes to the reimbursement of chemical maintenance clinics as described in the SPA pages, including: pro-rating the weekly rate to account for weeks in which services are provided on fewer than seven days in the week, specifying in detail the services that are included in the rate, and providing for specific types of documentation regarding the services that are provided. The SPA also removes references to specific provider locations, establishes provisions for merged clinics and newly licensed clinics, and authorizes payment for take-home doses in compliance with federal guidelines. No changes are being made to the provider-specific weekly rates, although an increase in expenditures is anticipated from one or more new chemical maintenance clinic locations being added.	

11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/	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 27, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 27, 2018	18. DATE APPROVED: June 21, 2018
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

(g) Chemical Maintenance Clinics.

1. Chemical maintenance services shall be reimbursed based on a provider-specific weekly rate listed below. Providers shall be certified and licensed by SAMHSA (Substance Abuse and Mental Health Services Administration) and the Connecticut Department of Public Health and shall comply with all applicable federal and state requirements, including, but not limited to, requirements specific to the provision of chemical maintenance services.
2. New chemical maintenance providers licensed by the Department of Public Health shall receive the weighted statewide rate as listed below. Any existing provider that opens an additional licensed location shall receive the provider's current rate as listed below.
3. When two or more current chemical maintenance providers merge to form a different legal entity, the data used to calculate the provider specific weekly rate of the original entities are totaled and used as the basis for determining a rate for the new entity. The same methodology will be used when one chemical maintenance provider purchases another chemical maintenance provider.
4. In order to qualify for chemical maintenance reimbursement, providers shall ensure all participants receive appropriate intake and/or annual physical exams. This requirement is a prerequisite to being able to bill for chemical maintenance services. Reimbursement for physical exams is a component of the weekly rate and shall not be reimbursed separately.
5. To receive payment of chemical maintenance services (including methadone dispensing) at the weekly rate, at least one unit of the following categories of service per day for seven days must have been provided: in-person medication administration, take-home medication doses or any in-person clinical service provided at the clinic that meets the billing code clinical and minimum time definitions for individual, group or family psychotherapy or any combination thereof. A provider may bill multiple weekly rates during an in-person dispensing visit in order to account for the dispensed take-home doses up to the limitations in federal requirements for take-home doses, provided that the total number of doses billed is no greater than the total number of days allocated to each weekly rate. For any week for which such a service is provided on fewer than seven days, the Department shall prorate the rate to pay only for the number of days in the week during which such a service was provided.

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

6. The rate for chemical maintenance treatment includes all of the following: intake evaluation; initial physical examination; medication administration, including face-to-face medication administration or take-home medication; on-site drug use screening and monitoring; and all routine individual, group and family substance use disorder counseling services. Other services may be provided and paid for separately in accordance with the applicable reimbursement methodology for the service.

7. The provider shall perform or make arrangements for the provision of all routine drug use screening and monitoring, which is included in the weekly rate. The minimum frequency for in-house drug use testing is eight per year or as otherwise required under federal rules. Any laboratory work other than routine drug use screening may be provided by a laboratory other than the behavioral health clinic and such services are not included in the rate for chemical maintenance treatment. Such drug use testing services that are outside the weekly rate for chemical maintenance services that are conducted by a certified and Medicaid enrolled independent laboratory may be billed separately in accordance with section (3) of Attachment 4.19-B of the Medicaid State Plan. The chemical maintenance clinic provider shall include clinical documentation demonstrating the need for any external laboratory testing ordered or referred by the provider. The provider shall also include documentation in each member's medical records that appropriate medical personnel at the provider have reviewed and interpreted external laboratory tests and explain in the medical records how such interpretation of the tests has affected the member's plan of care.

8. The sources used by the Department to develop the provider-specific chemical maintenance weekly rate include, but are not limited to:
 - Annual Chemical Maintenance Provider cost reports
 - Medicaid claims data from the Medicaid management information system
 - Subject matter expertise with developing mental health payment models
 - Provider's budget forecasts and financial statements
 - Feedback from providers and other stakeholders.

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

9. Chemical maintenance clinic providers shall be reimbursed based on the following provider-specific reimbursement schedule (and in accordance with the provisions detailed above):

CHEMICAL MAINTENANCE PROVIDER NAME	WEEKLY RATE FOR 7 DOSES
APT FOUNDATION INC	\$99.49
CHEMICAL ABUSE SERVICES AGENCY	\$86.18
COMMUNITY HEALTH RESOURCES, INC A/K/A COMMUNITY PREVENTION AND ADDICTION SVCS	\$97.13
COMMUNITY SUBSTANCE ABUSE CENTERS INC	\$96.27
CONNECTICUT COUNSELING CENTERS INC	\$91.10
HARTFORD DISPENSARY	\$75.80
LIBERATION PROGRAMS INC	\$85.96
NEW ERA REHABILITATION CENTER	\$87.02
REGIONAL NETWORK OF PROGRAMS	\$95.99
NEW CHEMICAL MAINTENANCE CLINICS (Newly licensed on or after February 1, 2018)	\$88.52

TN # 18-0016
Supersedes
TN # NEW

Approval Date 06/21/18 Effective Date 02-01-2018