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Boston Regional Operations Group

November 13, 2019

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Gifford:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 19-0024, submitted to my office on September 30, 2019 and approved on November 13, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to change the reimbursement methodology for chemical maintenance clinics by establishing a minimum weekly rate of \$88.55 for seven daily doses. That minimum rate will become the new provider-specific weekly rate for any provider that was previously paid at a rate lower than \$88.55. In addition, effective July 1, 2020, payment to chemical maintenance clinics will be contingent on meeting quality performance measures determined by DSS. Failure to meet these standards will result in a rate reduction of up to five percent for the quarters ending September 30, 2020 and December 31, 2020 and up to ten percent beginning January 1, 2021.

This SPA's approval is effective July 1, 2019, as requested by the State.

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

- Attachment 4.19-B, Pages 1(d)
- Attachment 4.19-B, Pages 1(d)ii

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/S/

Francis T. McCullough, Director
Division of Medicaid Field Operations East
Regional Operations Group
Center for Medicaid and CHIP Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 19-0024	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: July 1, 2019	
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 2019 \$291,000 b. FFY 2020 \$1.8 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 1(d) and 1(d)ii	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable) Attachment 4.19-B, Pages 1(d) and 1(d)ii

10. SUBJECT OF AMENDMENT: Effective July 1, 2019, this SPA amends Attachment 4.19-B of the Medicaid State Plan to change the reimbursement methodology for chemical maintenance clinics by establishing a minimum weekly rate of \$88.55 for seven daily doses. That minimum rate will become the new provider-specific weekly rate for any provider that was previously paid at a rate lower than \$88.55. In addition, as will be detailed in a future SPA, effective July 1, 2020, payment to chemical maintenance clinics will be contingent on meeting quality performance measures determined by DSS. Failure to meet these standards will result in a rate reduction of up to five percent for the quarters ending September 30, 2020 and December 31, 2020 and up to ten percent beginning January 1, 2021.

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: /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: Kathleen M. Brennan	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: September 30, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30 2019	18. DATE APPROVED: November 13 2019
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1 2019	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: Francis T. McCullough	22. TITLE: Director Division of Medicaid Field Operations-East

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: (1) certified and licensed by SAMHSA (Substance Abuse and Mental Health Services Administration), (2) licensed by the Connecticut Department of Public Health (or, for border providers, licensed by the equivalent health licensing agency in the state where the clinic is located) and (3) 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 minimum rate listed below. Any existing provider that opens an additional licensed location shall receive the provider's current rate as listed below. Chemical maintenance clinic border providers shall receive the minimum rate 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.

TN # 19-0024

Supersedes

TN # 19-0014Approval Date 11/13/19_____ Effective Date 07/01/2019

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

6. 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	\$88.55
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	\$88.55
LIBERATION PROGRAMS INC	\$88.55
NEW ERA REHABILITATION CENTER	\$88.55
REGIONAL NETWORK OF PROGRAMS	\$95.99
MINIMUM RATE; RATE FOR NEW CHEMICAL MAINTENANCE CLINICS (Newly licensed on or after February 1, 2018) and RATE FOR BORDER PROVIDERS	\$88.55

TN # 19-0024
Supersedes
TN # 19-0014

Approval Date 11/13/19_____

Effective Date 07/01/2019