

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

Community First Choice State Plan Option Pursuant to Section 1915(k) of the Social Security Act (SPA 15-022)

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 15-022 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 proposed SPA 15-012, which will amend the Medicaid State Plan by establishing a new Attachment 3.1-K to set forth the Community First Choice State Plan Option. The services available under the Community First Choice State Plan include assistance with Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL) and health-related tasks through hands on assistance, supervision, and/or cueing, acquisition, maintenance, and enhancement of skills necessary to accomplish ADLs, IADLS, and health related tasks, backup systems, and training.

SPA 15-022 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 15-022 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 cost neutrality to the overall existing system, with anticipated increased annual aggregate expenditures specifically for this SPA in Federal Fiscal Years 2015 and 2016 in amounts to be determined, which are a subset of the expenditures estimated for SPA 15-012.

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 15-022: Amendment to Alternative Benefit Plan Regarding Community First Choice State Plan Option".

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

Alternative Benefit Plan

(Attachment 3.1-L of the Medicaid State Plan)

Other 1937 Benefit Provided: Community First Choice (CFC) State Plan Option Pursuant to Section 1915(k) of the Social Security Act

Source: Section 1937 Coverage Option Benchmark Benefit Package

Authorization: Certain services require prior authorization, as specified in Attachment 3.1-K (added by SPA 15-012).

Provider Qualifications: Medicaid State Plan, Attachment 3.1-K (added by SPA 15-012). Under the self-directed model, each CFC participant has the authority to define the qualifications for his or her personal assistants.

Amount Limit: Certain services have limits on amounts, as specified in Attachment 3.1-K (added by SPA 15-012).

Duration Limit: None

Scope Limit: Eligible individuals as defined in Attachment 3.1-K of the Medicaid State Plan (and determined in accordance with 42 C.F.R. § 441.510)

Other: See SPA 15-012 the Community First Choice State Plan Option Pursuant to Section 1915(k) of the Social Security Act at Attachment 3.1-K for details regarding this benefit, including service components, limits, and provider information.

TN: 15-022
Supersedes: New

Connecticut
ABP 5

Approval Date: _____
Effective Date 04/01/2015