

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 25-AN: Update to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults – Coverage of Medical Nutrition Therapy

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) 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 is provided to the Medicaid low-income adult population under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (also known as HUSKY D). 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 Medicaid State Plan

Effective July 1, 2025, this SPA will amend the ABP5 of the Alternative Benefit Package in the Medicaid State Plan (Attachment 3.1-L of the Medicaid State Plan) in order to establish new coverage for Medical Nutrition Therapy (MNT) services rendered by certified dietitian-nutritionists enrolled in Connecticut's Medicaid Program, in order to continue aligning the ABP with the underlying Medicaid State Plan benefit package.

The purpose of this SPA is to add coverage and reimbursement for MNT services for specific diagnosis codes which is limited to up to three hours per calendar year. An additional three hours per calendar year may be authorized if it is determined to be medically necessary. The MNT fee schedule is published at this link: <https://www.ctdssmap.com>, then select "Provider," then select "Provider Fee Schedule Download."

This SPA corresponds to SPA 25-W, which adds this benefit category to the underlying Medicaid State Plan (Attachments 3.1-A, 3.1-B, and 4.19-B). This SPA cross-references to the description of the coverage in the Attachment 3.1-A pages for SPA 25-W.

This SPA will not make any other changes to the ABP than as described above, which will continue to reflect the same coverage in the ABP for HUSKY D Medicaid members as in the underlying Medicaid State Plan. 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 Medicaid State Plan.

Likewise, this SPA 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 Impact

This SPA will not change annual aggregate expenditures for State Fiscal Year (SFY) 2026 or SFY 2027 both because this change does not make any substantive change to coverage or reimbursement and also because even if there were a fiscal impact, it would have been included in the underlying SPA referenced above.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference "SPA 25-AN: Update to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults – Coverage of Medical Nutrition Therapy"

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than July 25, 2025.



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

Twelve Months

Remove

Scope Limit:

None

Other:

Targeted Case Management is provided in accordance with 1902(a)(84)(D) for eligible juveniles who are within 30 days of their scheduled date of release from a public institution following adjudication. Targeted Case Management services are provided in the 30 days prior to release and for at least 30 days following release.

This SPA establishes a new Targeted Case Management (TCM) and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage group, under the Consolidated Appropriations Act of 2023 with two provisions (sections 5121 and 5122). Section 5121 mandates all states to provide TCM and EPSDT to all eligible juveniles under 21 years old and former foster care individuals 18-26 years old who are within 30 days of their scheduled date of release. Section 5122 (optional) extends Medicaid coverage to eligible juveniles who are inmates of a public institution during the period pending disposition of charges.

Other 1937 Benefit Provided:

Medical Nutrition Therapy

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-A

Duration Limit:

See Attachment 3.1-A

Scope Limit:

See Attachment 3.1-A

Other:

As described in Attachment 3.1-A of the Medicaid State Plan, effective July 1, 2025, medical nutrition therapy (MNT) is a new category of service within the preventive services Medicaid State Plan benefit category pursuant to 42 C.F.R. 440.130(c) and Social Security Act 1905(a)(13). Coverage is limited to three hours per calendar year without prior authorization. An additional three hours per calendar year may be authorized if medically necessary.

Add



Alternative Benefit Plan

<input type="checkbox"/> Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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