

**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA 25-AA: Update to Alternative Benefit Plan (ABP) for the Medicaid Coverage Group  
for Low-Income Adults – Consolidated Appropriations Act of 2023**

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 January 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 a new Targeted Case Management (TCM) and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage group, under the Consolidated Appropriations Act of 2023, in order to continue aligning the ABP with the underlying Medicaid State Plan benefit package.

Specifically, the Consolidated Appropriations Act of 2023 requires two provisions, namely 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 (or not later than one week, or as soon as practicable, after release from the public institution). Section 5122 (optional) extends Medicaid coverage to eligible juveniles who are inmates of a public institution during the period pending disposition of charges.

The purpose of this SPA is to improve care coordination and physical and behavioral health outcomes for youth and former foster care individuals up to 26 years old prior to release from a carceral setting and pre-adjudicated youth pending disposition.

This SPA corresponds to SPA 25-0006, 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 25-0006, including the two provisions, names section 5121 and 5122 of the Consolidated Appropriations Act of 2023.

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) 2025 or SFY 2026 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](mailto: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-AA: Update to

Alternative Benefit Plan (ABP) for the Medicaid Coverage Group for Low-Income Adults – Consolidated Appropriations Act of 2023.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **June 21, 2025**.



# Alternative Benefit Plan

<p>cross-references section 1905(gg) and except as otherwise specifically provided by sections 1905(a)(30) and 1905(gg), all services provided under this benefit follow the same provisions, requirements, and limitations set forth in the applicable section of Attachment 3.1-A of the Medicaid State Plan (or, to the extent applicable, in the relevant waiver or demonstration project) that governs each applicable underlying service that is otherwise covered under the state plan, waiver, or demonstration project.</p>	<input type="button" value="Remove"/>	
<p>Other 1937 Benefit Provided: <input type="text" value="SUD Svcs Rehab Benefit - Outpatient &amp; Residential"/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<input type="button" value="Remove"/>
<p>Authorization: <input type="text" value="Other"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p>	
<p>Amount Limit: <input type="text" value="See Attachment 3.1-A"/></p>	<p>Duration Limit: <input type="text" value="See Attachment 3.1-A"/></p>	
<p>Scope Limit: <input type="text" value="See Attachment 3.1-A"/></p>		
<p>Other: <input type="text" value="As set forth in Attachment 3.1-A, effective June 1, 2022. All authorization, provider qualifications, amount limits, duration limits, and scope limits are the same as set forth in Attachment 3.1-A."/></p>		
<p>Other 1937 Benefit Provided: <input type="text" value="Preventive Svcs:Community Violence Prevention Svcs"/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<input type="button" value="Remove"/>
<p>Authorization: <input type="text" value="Other"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p>	
<p>Amount Limit: <input type="text" value="See Attachment 3.1-A"/></p>	<p>Duration Limit: <input type="text" value="See Attachment 3.1-A"/></p>	
<p>Scope Limit: <input type="text" value="See Attachment 3.1-A"/></p>		
<p>Other: <input type="text" value="As described in Attachment 3.1-A of the Medicaid State Plan, effective July 1, 2022, community violence prevention services are a new category of service within the preventive services Medicaid State Plan benefit category pursuant to 42 C.F.R. 440.130(c). Authorization is not required.&lt;br/&gt;&lt;br/&gt;See Attachment 3.1-A for details regarding this benefit."/></p>		
<p>Other 1937 Benefit Provided: <input type="text" value="TCM for Clients in Consolidated Appropriations Act"/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	
<p>Authorization: <input type="text" value="Other"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p>	



# Alternative Benefit Plan

Amount Limit:	Duration Limit:	Remove
None	Twelve Months	
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.		
		Add