

TO: Licensed Behavioral Health Clinicians, Mental Health Clinics, Enhanced Care Clinics, Hospitals, Drug and Alcohol Abuse Centers, Physicians, Advanced Practice Registered Nurses, Physician Assistants and State Institutions

RE: Expansion of Coverage Provided by Licensed Behavioral Health Clinicians in Independent Practice

The purpose of this policy transmittal is to inform the independent practice licensed behavioral health professionals identified below of an expansion in the beneficiary population that they are authorized to serve.

Pursuant to section 220 of Public Act 14-217, effective July 1, 2014, behavioral health assessment and treatment services provided by the following independent practitioners will be reimbursable for all HUSKY Health beneficiaries, regardless of the age of the beneficiary:

- Licensed Psychologists
- Licensed Clinical Social Workers
- Licensed Marital and Family Therapists
- Licensed Professional Counselors
- Licensed Alcohol and Drug Counselors.

Please note, notwithstanding the above, that targeted case management for children with a behavioral health disorder who are transitioning from an institutional setting, billed using CPT code T1016, remains available <u>only</u> for individuals under age 19.

The above change expands coverage for the HUSKY C and HUSKY D populations, who were previously able to obtain services from these independently practicing professionals only up to age 21.

Services provided by Certified Alcohol and Drug Counselors (CADCs) in independent practice were previously identified as covered services for beneficiaries under age 21. Currently the Department has no CADCs enrolled for independent practice and CADCs were not included in Public Act 14-217. Unlike the other practitioners identified above, CADCs are not able to practice fully independently. By statute they may only engage in private practice under the supervision of a licensed alcohol and drug counselor. At this time the Department has decided to stop enrolling CADCs except as performing providers at hospitals or clinics. To be reimbursable, services must be provided within the scope of the license held by the practitioner and in accordance with the Department's regulation governing payment for services provided by the clinician. The regulations can be accessed by going to the Connecticut Medical Assistance Program web site: <u>www.ctdssmap.com</u>. From this web page, go to "Information," then go to "Publications," then select Chapter 7, then select "Behavioral Health Clinician Services" or "Psychologist," as applicable.

Note that this does not change the coverage rules for practitioners working in institutional settings.

Providers must bill using modifiers identified in PB2005-79 on all claims for all client coverage groups.

Prior authorization from the Connecticut Behavioral Health Partnership is required for these services, consistent with the Behavioral Health Clinician fee schedule. The list of covered services and fees can be accessed by going to the Connecticut Medical Assistance Program web site: <u>www.ctdssmap.com</u>. From this web page, go to "Provider", then go to "Provider Fee Schedule Download", then select "Behavioral Health Clinician" or "Psychologist" as appropriate. Providers are encouraged to familiarize themselves with the pertinent regulations since they provide the standards for covered services and payment limitations.

Posting Instructions: Policy transmittals can be downloaded from the web site at <u>www.ctdssmap.com</u>

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

<u>Responsible Unit</u>: DSS, Division of Health Services, Behavioral Health Unit, Paul Piccione, Ph.D., at (860) 424-5160.

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