



**State of Connecticut  
Department of Social Services  
Medical Care Administration  
25 Sigourney Street  
Hartford, CT 06106-5033**

**PB 2009-10**

**Policy Transmittal 2009-03  
April 2009**

Contact: Teddi Creel  
860-424-5393

A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski  
Commissioner

July 1, 2008  
Effective Date

TO: Freestanding Mental Health Clinics, Federally Qualified Health Centers and  
Managed Care Organizations

SUBJECT: Expansion of Enhanced Care Clinic Initiative

The purpose of this policy transmittal is to notify Mental Health Clinics and Federally Qualified Health Centers that the Enhanced Care Clinic initiative has been expanded to include Medicaid fee for service (FFS) non-managed care clients and Charter Oak Behavioral Health clients effective July 1, 2008. This expansion is limited to freestanding mental health clinics and Federally Qualified Health Centers. General hospital outpatient clinics are not included in the expansion at this time.

All participating Enhanced Care Clinics are required to meet the access standards as promulgated in PB 2007-44 and the primary care memorandum of understanding requirement established in PB 2008-14 for Medicaid FFS and Charter Oak Behavioral Health clients. In addition, Enhanced Care Clinics will be required to comply with future requirements established in the areas of welcoming and engagement, co-occurring capability, evidenced-based practice, and cultural competence as they pertain to the Medicaid FFS and Charter Oak Behavioral Health clients.

Letters of agreements will be sent to all freestanding Enhanced Care Clinics. The agreements have been amended to reference Medicaid FFS clients and Charter Oak Behavioral Health clients. The agreements have also been amended to eliminate the time limitation as it pertains to probationary status. The reference to the 120 day limit has been removed in order to allow sufficient time to assess compliance pursuant to a corrective action plan. Finally, the Department of Mental Health and Addiction Services will be participating in the oversight of this initiative. Accordingly, the letters of agreement will also be signed by the Commissioner of the Department of Mental Health and Addiction Services. The Department of Mental Health and Addiction Services has established co-occurring requirements in various service settings. The Departments will work with the Behavioral Health Partnership Oversight Council to develop

similar requirements for routine outpatient services provided by Enhanced Care Clinics to adults and adolescents.

Once the letters of agreement have been signed by all parties, each Enhanced Care Clinic's fee schedule under Medicaid FFS and Charter Oak Behavioral Health will be updated to reflect the Enhanced Care Clinic fees. The fee increase does not apply to Federally Qualified Health Centers. Note that the Enhanced Care Clinic fee schedule for freestanding mental health clinics under Medicaid FFS will be approximately 25% higher than the base fee schedule, but somewhat less than the Enhanced Care Clinic fee schedule under the Connecticut Behavioral Health Partnership and Charter Oak Behavioral Health.

For any letter of agreement signed by a qualified Enhanced Care Clinic and submitted to the Department by May 22, 2009, the fee schedule update will be applicable to dates of service on or after July 1, 2008. For any letter of agreement received after May 22, 2009, the fee schedule update will be applicable to dates of service on or after July 1, 2009.

Payment for any services that have been affected by this rate increase will be automatically adjusted accordingly during a future EDS mass adjustment cycle. The mass adjustment cycle will only adjust claims in which the billed amount is greater than or equal to the applicable updated fee. The Department may provide for an interim payment prior to the close of SFY 2009 if the mass adjustment cannot be completed prior to the close of the SFY 2009.

**Posting Instructions:** Provider bulletins can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com)

**Distribution:** This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by Electronic Data Systems.

**Responsible Unit:** DSS, Medical Care Administration, Medical Policy Section, Teddi Creel, Health Program Associate at 860.424.5393

**Date Issued:** April 2009