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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

July 31, 2017

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Commissioner Bremby:

Enclosed for your records is an approved copy of the Connecticut Alternative Benefit Plan (ABP) State plan amendment (SPA) No. CT 15-023. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL) on March 30, 2015, meets all federal statutory and regulatory requirements for establishing an ABP. This SPA was submitted to revise your approved Standard ABP to amend Gender Dysphoria services (corresponding to approved SPA 15-007) and Autism Spectrum Disorder services (corresponding to approved SPA 15-004). This SPA has been approved effective January 1, 2015.

All requirements pertaining to ABPs must be met, including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing State plan pages, and, if applicable, managed care delivery systems (waivers and contracts). Amendments to the State's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State plan will be mirrored in the ABP.

Enclosed are copies of the following approved State plan pages to be incorporated into the Massachusetts State plan:

- Attachment 3.1-L, template ABP 5, pages 1-41

If you have any questions regarding this matter you may contact Marie DiMartino at (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory

name:

Connecticut

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

CT-15-0023

Proposed Effective Date

01/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act Sections 1902(a)(10)(A)(i)(VIII); 1902(k)(1); 1905(a)(1); 1905(a)(5); 1905(a)(13)(C), and 1937

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 0.00
Second Year	2016	\$ 0.00

Subject of Amendment

New CT SPA TN 15-0023 proposes to amend the Alternative Benefit Plan (ABP) in two respects to include all AHP amendments for the first calendar quarter of 2015 in one SPA, as requested by CMS:

1. First, effective March 1, 2015, SPA 15-0023 aligns with SPA 15-007 to remove prohibitions on services for the treatment of gender dysphoria from the physicians' services benefit in Essential Health Benefit 1 and from the inpatient hospital services benefit in Essential Health Benefit 3.

2. Second, effective January 1, 2015, SPA 15-0023 aligns with SPA 14-004 to add autism spectrum disorder (ASD) services as an Other Section 1917 Benefit. Specifically, effective January 1, 2015, SPA 15-0023 removes to add ASD services in the non-competitive services State Plan benefit category at section 1905(a)(13)(C).

Governor's Office Review

☒ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By:

Joel Norwood

Last Revision Date:

May 4, 2017

Submit Date:

Mar 30, 2015

Date Received: 03/30/2015

Effective Date of Approved Material: 01/01/2015

Plan Approved-One Copy Attached

Date Approved: 06/21/2017

Signature of Regional Official:

Typed Name: Richard R. McGreal

Title: Associate Regional Administrator
Division of Medicaid & Children's Health Operations



Alternative Benefit Plan

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OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1L- ☐

Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. ☐ No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP)

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved



Alternative Benefit Plan

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☒ Essential Health Benefit 1: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Clinic Services: Ambulatory Surgery Center

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

See "Other information"

Scope Limit:

Surgical services for morbid obesity, except as described in "Other information"



Alternative Benefit Plan

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

- Surgical services to treat morbid obesity (defined by ICD) are limited to instances in which another medical illness is caused by, or aggravated by, the obesity, including illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system
- Genetic testing requires prior authorization
- Physician services related to the non-covered surgical procedures listed in EHB 3: Hospitalization under Inpatient Hospital Services are not covered

Benefit Provided:

Certified Pediatric or Family Nurse Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Practitioner: Nurse Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Practitioner: Physician Assistant

Source:

State Plan 1905(a)



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Authorization:

None

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Clinic Services: Medical Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Clinic Services: Dialysis Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:



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Benefit Provided:

Clinic Services: Family Planning Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Family Planning Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Monthly quantity limits for male condoms (36), female condoms (30) and spermicide (one) - may be exceeded with authorization

Benefit Provided:

Medical and Surgical Services by a Dentist

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Home Health Services - Nursing Svs

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

Not covered: Services for well child care or for prenatal or postpartum care that is not high risk

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

-The cost of services provided by the home health agency may not exceed the cost if the client were in the appropriate institution
-Authorization required for services more than two visits per day and more than two days per week

Benefit Provided:

Podiatrist Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Dental Services (for Adults)

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

See "Other information"



Alternative Benefit Plan

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Scope Limit:

See "Other information"

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required for non-emergency dental services; however, prior authorization not required for the following dental services: diagnostic, prevention, basic restoration procedures, nonsurgical extractions

- One set of bitewing films per year and one oral exam and prophylaxis per year (unless evidence that dental disease is an aggravating factor in person's overall health)
- Fluoride treatment limited to adults who have xerostomia or have undergone head or neck radiation therapy
- Not covered: Fixed bridges, periodontics (exceptions for gingivoplasty and gingivectomy with prior authorization), implants, transplants, cosmetic dentistry, vestibuloplasty, unilateral removable appliances, partial dentures where there are at least eight teeth in occlusion and no missing anterior teeth, restorative procedures to deciduous teeth nearing exfoliation, resin based composite restorations to the molar teeth and orthodontia

Benefit Provided:

Hospice Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Authorization required for inpatient hospice care after five days

Add



Alternative Benefit Plan

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☒ Essential Health Benefit 2: Emergency services

Collapse All ☐

Benefit Provided:

Outpatient Hospital Services - Emergency Care

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Authorization required within two days of admission

Benefit Provided:

Other: Transportation - Ambulance

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



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☒ Essential Health Benefit 3: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other information"

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization required before admission for elective stays (i.e., all admissions that are neither emergencies nor maternity).

Surgical services to treat morbid obesity (defined by ICD) are limited to instances in which another medical illness is caused by, or aggravated by, the obesity, including illnesses of the endocrine system or cardio-pulmonary system, or physical trauma associated with the orthopedic system.

Inpatient hospital stay is not covered when one of the following services or procedures are performed:

- Tuboplasty and sterilization reversal
- Inpatient charges related to autopsy
- All services/procedures of a plastic or cosmetic nature performed for reconstructive purposes

See also EHB 2: Emergency services and EHB 4: Maternity and newborn care

Add



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☒ Essential Health Benefit 4: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Freestanding Birth Center Svs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Inpatient Hospital Services - Maternity

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization not required for maternity (labor and delivery) stays

Remove

Benefit Provided:

Physician Services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The prior authorization requirements in Connecticut's Medicaid state plan for Physician Services do not apply to maternity care

Add



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☒ Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services - MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- All admissions require prior authorization and continued stays require additional concurrent review authorizations.
- Substance detox admissions are triaged to be sure they cannot be provided at a less restrictive setting such as a residential detox facility
- This benefit includes hospital, PRTFs and residential detox services
- This benefit does not include services in an IMD

Benefit Provided:

Outpatient Hospital Services - MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- Routine services require registration (but not authorization)
- No more than one psychiatric/psychological reevaluation per year per hospital (may be exceeded based on medical necessity)
- Authorization required for partial hospitalization, intensive outpatient, observation, psychological testing, and electroconvulsant shock therapy.

Benefit Provided:

Physician Services - MH/SUD

Source:

State Plan 1905(a)



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Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- Services to inpatients, observation care services and emergency department services do not require authorization or registration
- Routine outpatient services require registration (but not authorization)
- Psychological testing and electroconvulsive therapy and interpretation of test results require authorization (as do consultations and case management beyond threshold amounts)
- No more than one psychiatric evaluation in any 12 month period per provider for the same client (may be exceeded based on a determination of medical necessity)
- No more than one psychiatric therapy visit of the same type per day, per provider, per client

Benefit Provided:

Clinic Services: MH & SA Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- Routine services require registration (but not authorization)
- No more than one therapy session of the same type per day per clinic for the same client
- No more than one psychiatric evaluation per performing provider per episode of care for the same client (may be exceeded based on medical necessity)
- Services include routine outpatient, intensive outpatient, day treatment and partial hospitalization
- Authorization required for intensive outpatient, partial hospitalization, and psychological testing.

Benefit Provided:

Clinic Services: Methadone Maintenance Clinics

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



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Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

One all-inclusive unit, per provider, per member, per week

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires registration

Add



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☒ Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

Authorization:

Provider Qualifications:

- ☒ Limit on days supply
- ☐ Limit on number of prescriptions
- ☐ Limit on brand drugs
- ☐ Other coverage limits
- ☒ Preferred drug list

Yes

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Connecticut's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



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☒ Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All ☐

Benefit Provided:

Home Health Svs - Med Supplies, Equip & Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Quantity limits on a number of supplies including wipes, test strips, lancets - may be exceeded based on medical necessity

Benefit Provided:

Home Health Services - PT/OT/ST/Audiology

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None

Scope Limit:

Not covered: Services for well child care or for prenatal or postpartum care that is not high risk

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

-Prior authorization (PA) required for more than nine visits per provider per calendar year for certain diagnoses
-PT/ST: PA required for more than one initial evaluation per year and more than two visits per week
-OT: PA required for more than one initial evaluation and more than one visit per week

Benefit Provided:

Orthopedic and Prosthetic Devices

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

None



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Scope Limit:

Replacement of a device is covered only if the device is lost, destroyed or is no longer medically usable or adequate due to a measurable change in the client's condition

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- A number of orthotics and prosthetics require prior authorization as specified in the state plan
- One hearing aid per ear every 3 years - may be exceeded based on medical necessity
- Two pairs of shoes per year - may be exceeded based on medical necessity

Benefit Provided:

Clinic Services: Rehabilitation Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

See "Other information"

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- Limit of one complete evaluation per year involving the same treatment modality per provider for the same client
- Limit of one full impedance battery, tympanometry test or electronystagmography per provider clinic for the same client per year
- Limit of 86 treatments per month per clinic for the same client

Each of these limits may be exceeded based on a determination of medical necessity

Benefit Provided:

PT/OT/ST/ - Habilitative

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

See "Other information"

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

- PT/OT/ST services that help a person keep, learn or improve skills and functioning for daily living
- These services are provided in a variety of inpatient and outpatient settings (outpatient hospital, home



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health agencies, and rehabilitation clinics) to people with disabilities
-The different limitations applicable to the service setting or provider (outpatient hospital, home health agencies, or rehabilitation clinic) would apply to the provision of the habilitative service.

Remove

Add



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☒ Essential Health Benefit 8: Laboratory services

Collapse All ☐

Benefit Provided:

Other Lab and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

-A number of advanced imaging services require prior authorization
-Genetic testing requires prior authorization

Add



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☒ Essential Health Benefit 9: Preventive and wellness services and chronic disease management

Collapse All ☐

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Physician Services - Preventive and Wellness

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This includes a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adolescents recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM) and supported by HRSA

Benefit Provided:

Preventive Services - Tobacco Counseling

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

In accordance with Treating Tobacco Use and Dependence, a Public Health Service-sponsored Clinical Practice Guideline
Group counseling only for LMHAs and FQHCs

Add



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☒ Essential Health Benefit 10: Pediatric services including oral and vision care

Collapse All ☐

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

-Prior authorization required for orthodontia
-Prior authorization required for certain non-emergency dental services; however, prior authorization not required for the following dental services: diagnostic, prevention, basic restoration procedures, nonsurgical extractions and authorization is not required for some services for clients under 21

Add



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☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



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☒ Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Hospital or Ambulatory Surgical Center

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a), Clinic Services: Ambulatory Surgery Center (9.a) and Clinic Services: Dialysis Clinics (9.b) in EHB 1: Ambulatory patient services

The Connecticut Medicaid state plan benefit is similar in amount, duration, and scope to the base benchmark benefit.

Base Benchmark Benefit that was Substituted:

Source:

Treatment Therapies

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services (Treatment Therapies include, for example, chemo and radiation therapy, renal dialysis and outpatient cardiac rehab)

Base Benchmark Benefit that was Substituted:

Source:

Diagnostic and Treatment Services

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a), Certified Pediatric or Family Nurse Practitioner (23), Other Practitioner: Nurse Practitioner (6.d), Other Practitioner: Physician Assistant (6.d), and Clinic Services: Medical Clinics (9.d) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Source:

Allergy Care

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Source:

Anesthesia

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services



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Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services

Benefits for surgery related to morbid obesity are comparable because the prior authorization requirements associated with the base benchmark benefit are restrictive. Services excluded from the Medicaid state plan are similar to the exclusions in the base benchmark benefit.

Base Benchmark Benefit that was Substituted:

Family Planning

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Family Planning Services and Supplies (4.c) and Clinic Services: Family Planning Clinics (9.c) in EHB 1: Ambulatory patient services

While under the Connecticut Medicaid state plan authorization is required to obtain certain family planning supplies in excess of the specified limit, these supplies are not covered by the base benchmark plan.

Base Benchmark Benefit that was Substituted:

Oral and Maxillofacial Surgery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Medical and Surgical Services by a Dentist (5.b) and Physician Services (5.a) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Home Health Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Home Health Services - Nursing Svs (7.a) in EHB 1: Ambulatory patient services

The base benchmark benefit is more limited in amount, duration, and scope than the Connecticut Medicaid state plan benefit. The base benchmark benefit is limited to 25 visits per year, up to two hours per visit.

Base Benchmark Benefit that was Substituted:

Foot Care

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Podiatrist Services (6.a) in EHB 1:



Alternative Benefit Plan

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Ambulatory patient services.

Remove

Base Benchmark Benefit that was Substituted:

Source:

Education Classes and Programs

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: This benefit includes tobacco cessation and diabetic counseling. Tobacco cessation covered under the Connecticut Medicaid state plan as Preventive Services - Tobacco Counseling (13.c) in EHB 9: Preventive and wellness services and chronic disease management. Diabetic counseling covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Source:

Alternative Treatments - Duplication

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Since this benefit only includes acupuncture by a physician, it is covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Source:

Chiropractic and Manipulative Treatment - Sub

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Chiropractic was mapped to EHB 1: Ambulatory patient services; Dental Services (for Adults) (10) from Connecticut's Medicaid state plan was used for substitution purposes

Base Benchmark Benefit that was Substituted:

Source:

Infertility Services - Duplication & Substitution

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication & Substitution: Infertility Services was mapped to EHB 1: Ambulatory patient services; the diagnosis of infertility is covered by the Connecticut Medicaid state plan as Physician Services (5.a) and Dental Services (for Adults) (10) from Connecticut's Medicaid state plan was used as a substitute for treatment of infertility (which does not include ART procedures or drugs)

Base Benchmark Benefit that was Substituted:

Source:

Manipulative Treatment - Physician

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Manipulative Treatment by a physician is covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services



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Base Benchmark Benefit that was Substituted:

Accidental Injury

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - Emergency Care (2.a) in EHB 2: Emergency services; Outpatient Hospital Services (2.a) and Physician Services (5.a) in EHB 1: Ambulatory patient services, and Inpatient Hospital Services (1) in EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Medical Emergency

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - Emergency Care (2.a) in EHB 2: Emergency services; Outpatient Hospital Services (2.a) and Physician Services (5.a) in EHB 1: Ambulatory patient services, and Inpatient Hospital Services (1) in EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Ambulance

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Other: Transportation - Ambulance (24.a.1) in EHB 2: Emergency services

Base Benchmark Benefit that was Substituted:

Inpatient Hospital

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization

The Connecticut Medicaid state plan benefit is similar in amount, duration, and scope to the base benchmark benefit. Benefits for surgery related to morbid obesity are comparable because the prior authorization requirements associated with the base benchmark benefit are restrictive. Services excluded from the Medicaid state plan are similar to the exclusions in the base benchmark benefit.

Base Benchmark Benefit that was Substituted:

Organ/Tissue Transplants

Source:

Base Benchmark

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization



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The base benchmark benefit is more limited in amount, duration, and scope than the Medicaid state plan benefit as the base benchmark benefit only covers specific transplants.

Remove

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization (neither base benchmark nor Medicaid covers cosmetic surgery)

The base benchmark benefit is similar in amount, duration, and scope to the Medicaid state plan benefit. The Medicaid state plan benefit limits and prior authorization requirements for reconstructive surgery are the same as the limits and prior authorization requirements under the benchmark plan benefit.

Base Benchmark Benefit that was Substituted:

Maternity Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan through multiple benefits including Inpatient Hospital Services - Maternity (1), Physician Services - Maternity (5.a), Freestanding Birth Center Svs (28) and Nurse Mid-Wife Services (17), all in EHB 4: Maternity and newborn care

Base Benchmark Benefit that was Substituted:

Lab, X-Ray and Other Diagnostic Tests

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Other Laboratory and X-Ray (3) in EHB 8: Laboratory services

Base Benchmark Benefit that was Substituted:

Hospice Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Hospice Care Services (18) in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment (DME)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances (7.c.) in EHB 7: Rehabilitative and habilitative services and devices



Alternative Benefit Plan

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Base Benchmark Benefit that was Substituted:

Hearing Services (testing, trtmt and supplies)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB1: Ambulatory patient services and Rehabilitation Clinics (9.g.) in EHB 7: Rehabilitative and habilitative services and devices; Physician Services (5.a) in EHB 1: Ambulatory patient services

The base benchmark plan does not cover routine hearing tests for adults.

Base Benchmark Benefit that was Substituted:

Medical Supplies

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances (7.c.) in EHB 7: Rehabilitative and habilitative services and devices

Base Benchmark Benefit that was Substituted:

Orthopedic and Prosthetic Devices

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Orthopedic and Prosthetic Devices (12.c.) in EHB 7: Rehabilitative and habilitative services and devices

The state believes that coverage of orthopedic and prosthetic devices, including hearing aids is comparable to the Connecticut Medicaid state plan although the coverage of specific items (e.g., shoes and wigs) may vary.

Base Benchmark Benefit that was Substituted:

PT, OT, ST and Cognitive Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services and Home Health Services - PT/OT/ST/Audiology (7.d.) and Rehabilitation Clinics (9.g.) in EHB 7: Rehabilitative and habilitative services and devices

The base benchmark benefit is more limited in amount, duration, and scope than the Medicaid state plan benefit. The base benchmark benefit only allows 50 PT/OT/ST visits combined per calendar year whereas the Medicaid state plan allows 86 treatments per month, which can be exceeded based on a determination of medical necessity.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital or Other Covered Facility

Source:

Base Benchmark



Alternative Benefit Plan

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services - MH/SUD (1) in EHB 5: MH and SUD services

Remove

Base Benchmark Benefit that was Substituted:

Outpatient Hospital or Other Covered Facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a), Clinic Services: MH and SA Clinics (9.e) and Clinic Services: Methadone Maintenance Clinics (9.f) in EHB 5: MH and SUD services

Certain Medicaid limits may be exceeded based on medical necessity and other soft limit probably exists in the base benchmark plan through claims processing.

Base Benchmark Benefit that was Substituted:

Professional Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a), Physician Services - MH/SUD (5.a) and Clinic Services: MH and SA Clinics (9.e) in EHB 5: MH and SUD services

Certain Medicaid limits may be exceeded based on medical necessity, and the other soft limits probably exist in the base benchmark plan through claims processing.

Base Benchmark Benefit that was Substituted:

Covered Medications and Supplies

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Prescribed Drugs (12.a) in EHB 6: Prescription drugs

Base Benchmark Benefit that was Substituted:

Preventive Care, Adult

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services - Preventive and Wellness (5.a) in EHB 9: Preventive and wellness services and chronic disease management



Alternative Benefit Plan

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Base Benchmark Benefit that was Substituted:

Preventive Care, Children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Connecticut Medicaid state plan as Physician Services - Preventive and Wellness (5.a) in EHB 9: Preventive and wellness services and chronic disease management and EPSDT (4.b) in EHB 10: Pediatric services including oral and vision care

Add



Alternative Benefit Plan

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☒ Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:
Base Benchmark

Vision Services (testing, treatment, and supplies)

Remove

Explain why the state/territory chose not to include this benefit:

Routine non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:
Base Benchmark

Dental Benefit

Remove

Explain why the state/territory chose not to include this benefit:

Non-pediatric dental services are an excepted benefit pursuant to 45 CFR 156.115(d)

Add



Alternative Benefit Plan

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☒ Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All ☐

Other 1937 Benefit Provided:

Optometrist Services (for Adults)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Other Practitioner: Dental Hygienist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other"

Duration Limit:

See "Other"

Scope Limit:

See "Other"

Other:

- Limits for Dental Services apply (see "Dental Services (for Adults)" in EHB 1: Ambulatory patient services)

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Other

Amount Limit:

See "Other"

Duration Limit:

See "Other"

Scope Limit:

-Replacement of full and partial dentures limited to once every seven years, except if medically necessary



Alternative Benefit Plan

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Other:

Remove

Other 1937 Benefit Provided:

Other: Non-Emergency Transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Brokered transportation

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other"

Duration Limit:

See "Other"

Scope Limit:

None

Other:

One pair per clients twenty-one years of age and older per two year period unless it is medically necessary because of a change in the client's medical condition

Other 1937 Benefit Provided:

FQHCs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" re dental services

Duration Limit:

None



Alternative Benefit Plan

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Scope Limit:

See "Other" re dental services

Remove

Other:

Limits for Dental Services apply to dental services provided by FQHCs (see "Dental Services (for Adults)" in EHB 1: Ambulatory patient services)
Connecticut does not have any Rural Health Clinics (RHCs)

Other 1937 Benefit Provided:

Home Health Services - Home Health Aide Svs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Not covered: Services for well child care or for prenatal or postpartum care that is not high risk

Other:

-The cost of services provided by the home health agency may not exceed the cost if the client were in the appropriate institution
-Prior authorization required for more than 14 hours per week

Other 1937 Benefit Provided:

Other Practitioner: Naturopath

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Only for clients under age 21

Other:

-Authorization required for more than five visits per month to the the same provider

Other 1937 Benefit Provided:

School Based Child Health Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

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Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

Only for clients under age 21

Other:

Only for services described in the IEP and otherwise coverable under Section 1905(a), as specified in the Medicaid State Plan
No other authorization required

Other 1937 Benefit Provided:

TCM for Clients with Chronic Mental Illness

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

ICF/IID fka ICF/MR Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package



Alternative Benefit Plan

OFFICIAL

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Independent Therapies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Only for clients under age 21

Other:

Prior authorization requirements for PT/ST/OT/Audiology as described in EHB 7: Rehabilitative and Habilitative services and devices - Home Health Services

Other 1937 Benefit Provided:

Rehab Services: PNMI for Adults

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:



Alternative Benefit Plan

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Other 1937 Benefit Provided:

Rehab Services: PNMI for Children

Authorization:

Prior Authorization

Amount Limit:

None

Scope Limit:

Only for clients under age 21

Other:

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None

Other 1937 Benefit Provided:

Rehab Services: Psychiatric Svs to Children

Authorization:

Other

Amount Limit:

None

Scope Limit:

Only for clients under age 21

Other:

-Must be an approved rehabilitative model
-Requires registration
For the IIACPS (Intensive In-Home, Child and Adolescent Psychiatric Services) model only, concurrent authorization is required in specified circumstances

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None

Other 1937 Benefit Provided:

Inpatient Psychiatric Facility Svs for Under 21

Authorization:

Prior Authorization

Amount Limit:

None

Scope Limit:

Only for clients under age 21, except up to 22 as provided in 42 CFR 441.151(a)(3)

Other:

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None



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		Remove
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other Practitioner: Professional Counselor Svs</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Other:</p> <div style="border: 1px solid black; padding: 2px;">Registration required</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div>	Remove
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other Practitioner: Licensed ADC Svs</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Other:</p> <div style="border: 1px solid black; padding: 2px;">- Other Practitioner: Licensed Alcohol and Drug Counselor Services - Registration required</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div>	Remove
<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other Pract: Licensed Marital & Family Therapist</div> <p>Authorization:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div>	

TN: CT 15-023
Supersedes TN: CT 14-0040

CT ABP 5 for MCLIP

Approval Date: 6/21/2017
Effective Date: 01/01/2015



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Other:

Registration required

Remove

Other 1937 Benefit Provided:

Other Practitioner: Psychologist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Other:

Registration required

Other 1937 Benefit Provided:

Licensed Clinical Social Worker

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Registration required.

Other 1937 Benefit Provided:

Preventive Services: Autism Spectrum Disorder Svcs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

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Scope Limit:

Only for Medicaid beneficiaries under age twenty-one.

Remove

Other:

See section 13(c) of Attachment 3.1-A for a full description of this benefit (added by SPA 15-004). Brief summary of key provisions in Attachment 3.1-A include:

- Medical / physical evaluation covered under the outpatient hospital, physician, other licensed practitioner, federally qualified health center or clinic State Plan benefit category, as applicable.
- Comprehensive diagnostic evaluation is covered under the outpatient hospital, physician, other licensed practitioner, federally qualified health center or clinic State Plan benefit category, as applicable.
- Behavior assessment, development of the plan of care, and ASD treatment services covered under this benefit in the preventive services State Plan benefit category.
- Medical/physical evaluation, comprehensive diagnostic evaluation, behavior assessment, and behavioral plan of care required before receiving ASD treatment services.
- Board Certified Behavior Analyst (BCBA) or specified licensed practitioner provides ASD treatment services and must supervise all ASD treatment services provided by Board Certified Assistant Behavior Analysts (BCaBAs) or technicians. BCBA or specified licensed practitioner also provides observation and direction of treatment services provided by BCaBAs or technicians.

The effective date of these services are the same as what is approved in the underlying SPA 15-004.

Add



Alternative Benefit Plan

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☐ 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 ☐

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.

V.20130814