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Disabled and Elderly Health Programs Group

September 20, 2017

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

Dear Mr. Bremby:

We are pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Connecticut's request for an initial 1915(b) waiver under CMS control number CT 07.R00. The state's EPSDT EIS Qualified Program Waiver is to allow the state to selectively contract, through the Office of Early Childhood (OEC), to provide Early Intervention Services (EIS), pursuant to EPSDT, to families with infants and toddlers with developmental delays and disabilities. This 1915(b) waiver is concurrent to the Connecticut State Plan Amendment (SPA) No. 17-019. The 1915(b) waiver is authorized under section 1915(b)(4) of the Social Security Act (the Act) and provides a waiver of the following section of Title XIX:

- Section 1902(a)(23) Freedom of Choice

The state must arrange for an independent assessment (IA) of their waiver program and submit the findings when renewing the waiver program. At a minimum, the Independent Assessment (IA) is a requirement of the first two waiver periods. The IA should be submitted with the waiver renewal request ninety (90) days before the expiration of the approved waiver program.

Additionally, our decision is based on the evidence submitted to CMS demonstrating that the state's proposal is consistent with the purposes of the Medicaid program, will meet all statutory and regulatory requirements for assuring beneficiaries' access to and quality of services, and will be a cost-effective means of providing services to those beneficiaries in Connecticut's Medicaid population.

The waiver is approved for a 2 year period effective October 1, 2017 through September 30, 2019. The state may request renewal of this authority by providing evidence and documentation of satisfactory performance and oversight. Connecticut's request that this authority be renewed should be submitted to CMS no later than July 1, 2019.

We are enclosing an approved copy of State Plan Amendment (SPA) No. 17-019. This SPA amends Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan in order to comprehensively update the description of covered services, provider qualifications, and reimbursement methodology for Early Intervention Services (EIS) Pursuant to EPSDT.

This SPA has been approved effective October 1, 2017 as requested by the state.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1A, Addendum pages 2(f)(4) through 2(f)(20)
- Attachment 3.1B, Addendum pages 2(f)(4) through 2(f)(20)
- Attachment 4.19-B, Page 1(a)i(D)1

We wish you success in the operation of this waiver program and thank you and your staff for your cooperation during the waiver review process. If you have any questions regarding this matter you may contact Marie DiMartino, in the Boston Regional Office, at (617) 565-1220 or Marie.DiMartino@cms.hhs.gov, or David Reed, in the Central Office, at (410) 786-0861 or David.Reed@cms.hhs.gov.

Sincerely,

/S/

Richard R. McGreal
Associate Regional Administrator
Boston Regional Office

/S/

James I. Golden, Ph.D.
Director
Division of Managed Care Programs

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

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
17-0019

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
September 1, 2017

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Sections 1905(a)(4)(B) of the Social Security Act and
42 CFR 440.40(b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Addendum Pages 2(f)(4) through 2(f)(20)
Attachment 3.1-B, Addendum Pages 2(f)(4) through 2(f)(20)
Attachment 4.19-B, Page 1(a)(D)l

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)

New
New
New

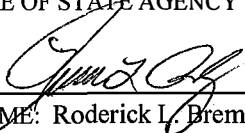
10. SUBJECT OF AMENDMENT: Effective September 1, 2017, this SPA amends Attachments 3.1-A, 3.1-B, and 4.19-B of the Medicaid State Plan to describe covered services, provider qualifications, and reimbursement methodology for Early Intervention Services (EIS) Pursuant to EPSDT. Because this SPA is designed to be cost-neutral, DSS does not anticipate that this SPA will change federal expenditures for Federal Fiscal Year (FFY) 2017 or FFY 2018.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED: August 9, 2017

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 10 2017

18. DATE APPROVED: September 20 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS:

State: CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

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Early Intervention Services (EIS) Pursuant to EPSDT

b.2. Early Intervention Services (EIS) Pursuant to EPSDT

A. Service Description

The following services are covered as EPSDT services pursuant to sections 1905(a)(4)(B) and 1905(r) of the Social Security Act and are available to each Medicaid beneficiary under age twenty-one (hereafter referred to as "child").

Additional benefit categories cross-referenced below are provided as EPSDT services pursuant to section 1905(r)(5) of the Social Security Act. For those services cross-referenced as being provided as preventive services pursuant to section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c), a physician or other licensed practitioner's signature on the Individualized Family Service Plan (IFSP) is that physician or practitioner's recommendations for services to be provided as outlined in the IFSP.

Early Intervention Services (EIS) are provided to address a child's developmental delays or disabilities in accordance with an IFSP. The IFSP defines individualized goals, objectives, and strategies for treatment, including recommendations for specific EIS including the frequency, intensity, and duration of recommended EIS, and which qualified EIS practitioner will deliver services. The IFSP is agreed upon by the IFSP team and signed by the child's caregiver.

B. Services

EIS are provided pursuant to each child's IFSP, except that screenings, evaluations and assessments may also be performed as necessary to determine if EIS are medically necessary for a child and to develop and update the IFSP. To the maximum extent possible and appropriate, services are provided in the child's natural settings (home or community settings for typically developing peers).

1. Developmental Screening

- a. Description: Screening services are provided pursuant to sections 1905(a)(4)(B) and 1905(r)(1) and include activities completed at

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regular intervals carried out by qualified EIS providers to identify, at the earliest possible age, children suspected of having a developmental delay or disability. Screening services must be performed only in compliance with applicable Connecticut Office of Early Childhood procedures that specifically authorize provision of and payment for screening services. This screening is separate from and in addition to the state's standard EPSDT screening services that are provided in accordance with the periodicity schedule (those standard EPSDT screening services are covered under other benefit categories, such as physician, other licensed practitioner, dental, clinic, and pediatric and family nurse practitioner benefit categories).

To the extent appropriate, in accordance with Connecticut Office of Early Childhood procedures that specifically authorize such services, screening is available in the following circumstances: as part of mass screenings of Medicaid beneficiaries to screen a large number of children for whom EIS pursuant to EPSDT may be medically necessary, referrals required by law to the Connecticut Office of Early Childhood, or in other circumstances where there is a risk that a child has one or more developmental delays that could potentially make EIS medically necessary to determine which services are indicated pursuant to the IFSP.

A child is not required to receive a developmental screening before receiving an evaluation.

- b. Qualified Practitioners: See section C below for required provider and practitioner qualifications. Each practitioner listed in section C below is qualified to perform screenings to the extent appropriate within such individual's scope of practice.

2. Developmental Evaluation

- a. Description: Comprehensive multi-disciplinary evaluations are provided as: (i) EPSDT diagnostic services pursuant to sections 1905(a)(4)(B) and sections 1905(r)(2), (3) or (4); (ii) physician, other

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licensed practitioner, physical therapy, occupational therapy services and/or services for individuals with speech, hearing, and language disorders pursuant to sections 1905(a)(5), (6), (11) or (21), as applicable to the provider; and/or (iii) preventive services in accordance with section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c).

Comprehensive multi-disciplinary evaluations are conducted to determine each child's developmental status, including related physical and mental conditions. Each evaluation shall consider each child's unique needs. All evaluations are multi-disciplinary and more than one type of practitioner may be present at the same time or at different times as appropriate and necessary to evaluate areas of development, including, but not limited to, communication, cognition, adaptive skills, social-emotional skill, and physical development including motor skills, hearing, nutrition, vision and any other appropriate area. Such evaluation is necessary to determine if: EIS is medically necessary for a child and, if so, to determine which areas of development should be further assessed to determine specific recommended EIS as necessary to meet each child's unique needs. If indicated by the evaluation, the EIS Program shall refer the child for an assessment.

- b. Qualified Practitioner: Within an EIS Program, the following individual providers are qualified to perform evaluations within each individual's scope of practice (see section C below for detailed descriptions, qualifications, and cross-references to the applicable benefit category for each type of individual provider):

- Audiologists,
- Audiologists – Clinical Fellowship Year (CFY),
- BCBAs,
- Developmental Therapists,
- Developmental Therapy Specialists,
- LMFTs,
- LMFT Interns,
- LPCs,
- LPC Interns,

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- APRNs,
 - RNs,
 - Occupational Therapists,
 - Optometrists,
 - Physical Therapists,
 - Physicians,
 - Physician Assistants,
 - Licensed Psychologists,
 - Licensed Psychologist Interns,
 - LCSWs,
 - LCSW Interns,
 - LMSWs,
 - Speech and Language Pathologists, and
 - Speech and Language Pathologists – CFY.
- c. Limitation: A subsequent developmental evaluation may not be completed less than 3 months after a prior developmental evaluation was completed, which may be exceeded with prior authorization based on medical necessity.

3. Assessments

- a. Description: Assessments are provided as (i) EPSDT diagnostic services pursuant to sections 1905(a)(4)(B) and sections 1905(r)(2), (3), or (4); (ii) physician, other licensed practitioner, physical therapy, occupational therapy services and/or services for individuals with speech, hearing, and language disorders pursuant to sections 1905(a)(5), (6), (11) or (21), as applicable to the provider; and/or (iii) preventive services in accordance with section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c).

Based on the recommendations of the evaluation, initial and ongoing assessments are conducted to determine the frequency, intensity, duration, and type of EIS needed. Assessments are necessary in order to enable the provider to develop, implement, and update the IFSP. Assessments focus on areas and conditions identified in the evaluation and are used to determine specific services that are medically

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necessary to address, for example, identified hearing and vision impairments and autism spectrum disorder. Assessments must be performed at least annually. In addition, assessments, including new or repeated components of an assessment, may be performed, updated and/or repeated as medically necessary for a child. A non-exclusive example of circumstances under which a new assessment could be provided is where there are delays in other areas of development than the focus of initial or earlier assessments.

- b. Qualified Practitioners: Within an EIS Program, the following practitioners are qualified to perform assessments within such individual's scope of practice (see section C below for detailed descriptions, qualifications, and cross-references to the applicable benefit category for each type of individual practitioner):

- Assistive Technology Professionals,
- Audiologists,
- Audiologists – CFY,
- BCBAs,
- Developmental Therapists,
- Developmental Therapy Specialists,
- LMFTs,
- LMFT Interns,
- APRNs,
- RNs,
- Licensed Professional Counselors,
- Licensed Professional Counselor Interns,
- Occupational Therapists,
- Optometrists,
- Opticians,
- Physical Therapists,
- Physicians,
- Physician Assistants,
- Licensed Psychologists,
- Licensed Psychologist Interns,

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- LCSWs,
- LMSWs,
- LCSW Interns,
- Speech and Language Pathologists, and
- Speech and Language Pathologists – CFY.

4. IFSP Planning

- a. Description: IFSP planning is provided as (i) physician, other licensed practitioner, physical therapy, occupational therapy services and/or services for individuals with speech, hearing, and language disorders pursuant to sections 1905(a)(5), (6), (11) or (21), as applicable to the provider; and/or (ii) preventive services in accordance with section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c).

This service includes one or more of the practitioners listed below attending and participating in IFSP planning meetings and completing individual evaluation and treatment recommendations that may be included in the IFSP. Based on the assessment, the practitioner codifies the evaluation and treatment recommendations in the IFSP to determine and outline the individualized goals, objectives, and strategies for treatment, including specific types, frequency, intensity, and duration of recommended EIS treatment services. All IFSP-related services are multi-disciplinary and more than one type of practitioner may be present at the same time or at different times as clinically appropriate and necessary to participate in IFSP planning and to codify evaluation and treatment recommendations in the IFSP. The IFSP is planned in collaboration with the child's caregivers and a multi-disciplinary team that includes professionals appropriate to determine each child's unique needs. In order to ensure that the IFSP is recommended by at least one physician or other licensed practitioner in accordance with 42 CFR 440.130(c), the IFSP team shall include at least one of the following licensed practitioners: audiologist, licensed marital and family therapist, advanced practice registered nurse, registered nurse, occupational therapist, optometrist, physical therapist, physician, physician assistant, licensed professional counselor,

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licensed psychologist, licensed clinical social worker, licensed master social worker, or speech and language pathologist. It is not required that each of these individuals attends each meeting but at least one such individual shall participate as part of the IFSP team and shall sign the IFSP. As part of this process, the provider coordinates with other appropriate providers and the child's caregivers. Revisions and updates are provided as necessary and appropriate in order to ensure that the IFSP continues to be appropriately tailored to each child's needs.

- b. Qualified Practitioners: Within an EIS Program, each of the individual practitioners identified in section C below is qualified to develop, evaluate, revise, update, and monitor the IFSP within such individual's scope of practice, so long as the individual completes applicable training specified by the Connecticut Office of Early Childhood.

5. Early Intervention Treatment Services

- a. Description: Early intervention treatment services are provided as EPSDT services through one or more of the following Medicaid benefit categories (i) physicians' services, other licensed practitioner services, physical therapy, occupational therapy services and/or services for individuals with speech, hearing, and language disorders or nurse practitioner services pursuant to sections 1905(a)(5), (6), (11) or (21), respectively, as applicable to the provider; and/or (ii) preventive services in accordance with section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c).

~~For the benefit of the child, i~~In accordance with and subject to Connecticut Office of Early Childhood procedures, early intervention treatment services ~~provided to the child's family~~ are provided ~~for the direct benefit of the child in accordance with the child's needs and treatment goals identified in the child's IFSP and for the purpose of assisting in the child's treatment.~~ ~~and~~ Early intervention treatment services includes assisting caregivers with enhancing the functional development of the child with an emphasis on specific developmental

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areas appropriately tailored to each child's needs, including, but not limited to, cognitive processes, communication, motor, behavior and social interaction. As medically necessary for each child based on that child's individual needs, early intervention treatment services include, but are not limited to, the following:

(1) Consulting with and training the child's caregivers for the benefit of the child to design or adapt environments, activities and materials to enhance the child's development and collaborating with caregivers and other medical and EIS providers to support medically necessary services. The provision of early intervention treatment services is multi-disciplinary and more than one type of practitioner or more than one of the same type of practitioner (such as two individuals who are the same type of practitioner but who have different areas of expertise) may be present at the same time or at different times as clinically appropriate and necessary to provide early intervention treatment services.

(2) Assisting the family, for the benefit of the child, in gaining access to, and coordinating services, including making referrals to providers for needed services and scheduling appointments; facilitating and participating in the development, review, and evaluation of IFSPs, coordinating all EIS provided under the IFSP, and planning transition out of receiving EIS.

(3) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with the IFSP; training or technical assistance in the use of assistive technology devices for the benefit of the child; and training or technical assistance in the use of assistive technology devices for professionals or others who provide services to the child, or are otherwise substantially involved in the child's major life functions.

- b. Services in Accordance with IFSP: In accordance with and subject to Connecticut Office of Early Childhood procedures, early intervention treatment services must be provided in accordance with the IFSP,

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which also includes an interim IFSP, if applicable, and updates and amendments to the IFSP.

- c. Setting: Early intervention treatment services must primarily be delivered in-person. When appropriate in accordance with the IFSP, early intervention treatment services may also be delivered via synchronous real-time video conference, so long as it is: clinically appropriate for a child's circumstances for a specific service to be delivered other than in-person; is provided in accordance with all applicable Connecticut Office of Early Childhood and Department of Social Services procedures; complies with all applicable information security and privacy requirements; and meets all other applicable requirements for a service, including, but not limited to, provider qualifications, duration of service, and specific services provided.
- d. Qualified Practitioner: Within an EIS Program, each individual provider identified in Section C below is qualified to provide early intervention treatment services within such individual's scope of practice.

6. Medical Supplies, Equipment and Appliances

- a. Description: This category includes medical supplies, equipment, and appliances pursuant to section 1905(a)(7) and 42 C.F.R. § 440.70(b)(3), but does not include supplies, equipment and appliances that are provided and billed by a medical equipment, devices and supplies provider within the home health benefit category detailed in section 7 of Attachment 3.1-A.
- b. Qualified Providers: See section C below for required provider qualifications for EIS Programs.

C. Provider Qualifications

1. Program Entity Qualifications

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On behalf of each child, the child's parent(s), guardian(s) or other appropriate caregiver(s) may choose a qualified EIS Program as described below that provides services in the municipality where the child resides and that has been selected by the Connecticut Office of Early Childhood in accordance with the section 1915(b)(4) Selective Provider Contracting Waiver, as applicable. Each EIS Program must assure and exercise sufficient supervision so that all of its affiliated EIS providers meet all applicable Medicaid requirements and the applicable requirements of this section for the services that the individual EIS providers provide.

EIS Programs are under contract with the Connecticut Office of Early Childhood as a result of a Request for Proposals (RFP) process described in the 1915(b)(4) Selective Provider Contracting Waiver for the number of programs per town, as applicable.

All EIS Programs must meet the provider qualifications of the Connecticut Office of Early Childhood or designated successor state agency. These qualifications include that the provider must: be a private or municipal entity with an office in the state, have sufficient information technology knowledge and support, and be fiscally viable. In addition, the person with primary direct oversight of the EIS Program must have at least three years of experience administering a home-based program for families with infants and toddlers with disabilities. The Program must demonstrate compliance with providing timely IFSPs, providing timely new services, timely transition planning, and cultural and linguistic competency.

2. Individual Practitioner Qualifications

In order to provide EIS, each individual practitioner must be affiliated with an EIS Program (*i.e.*, employed by or under contract to the EIS Program). Individual practitioners may only provide EIS through their affiliation with the EIS Program. Qualified EIS providers must meet all applicable Medicaid requirements and the applicable requirements of this section for the services that the individual EIS providers provide through the IFSP process.

EIS practitioners must provide services within their applicable scopes of practice under state law and in accordance with the Connecticut Office of Early

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Childhood's personnel standards for early intervention. The relevant Medicaid benefit category under which services are coverable when performed by each provider—and therefore also coverable under EPSDT—is listed below.

- a. Licensed Practitioners: Each of the following licensed practitioners are licensed by the Department of Public Health in accordance with the requirements applicable to that practitioner type as set forth in more detail in the applicable section of Attachment 3.1-A of the Medicaid State Plan in which such practitioner could separately enroll and bill for providing Medicaid services. As described in those sections, each of the following practitioners is licensed only after meeting the education, experience, and exam requirements as set forth in the licensure requirements under state law for that practitioner type.

Audiologists; Occupational Therapists; Physical Therapists; and Speech and Language Pathologists: Qualifications are the same as described in section 11 of Attachment 3.1-A (section 1905(a)(11)). These qualifications provide such individuals with specific training and expertise in developmental function and relevant treatments, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Audiologists – Clinical Fellowship Year (CFY); and Speech and Language Pathologists – CFY: Individual has graduated with a degree that qualifies towards licensure as an audiologist or speech and language pathologist and is working towards licensure during the clinical fellowship year under the supervision of an audiologist or speech and language pathologist, as applicable (section 1905(a)(11) or 1905(a)(13)(C)). These qualifications provide such individuals with specific training and expertise in developmental function and relevant treatments, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

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Physical Therapy Assistants and Occupational Therapy Assistants: Licensed by the Department of Public Health as a physical therapy assistant or occupational therapy assistant and working under the supervision of a physical therapist or occupational therapist, as applicable (section 1905(a)(11)). These qualifications provide such individuals with specific training and expertise in developmental function and relevant treatments, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Physicians; Physician Assistants; Nurse Practitioners / Advanced Practice Registered Nurses (APRNs); Licensed Psychologists; Optometrists; Licensed Marital and Family Therapists (LMFTs); Licensed Clinical Social Workers (LCSWs); and Licensed Professional Counselors (LPCs): Same as described in section 5 or section 6, as applicable, of Attachment 3.1-A (sections 1905(a)(5), 1905(a)(6), and/or 1905(a)(21), as applicable). These qualifications give each of the applicable types of practitioners expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Licensed Psychologist Interns; LCSW Interns; LMFT Interns; LPC Interns: Individual has graduated with a degree that would enable the individual to become a licensed psychologist, LCSW, LMFT, or LPC while working towards licensure and working under the direct supervision of the applicable licensed practitioner (section 1905(a)(6) or 1905(a)(13)(C)). These qualifications give each of the applicable types of practitioners expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

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Licensed Master Social Workers (LMSWs): Licensed by the Department of Public Health as a master social worker (section 1905(a)(6)). These qualifications give each of the applicable types of practitioners expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Registered Nurses (RNs): Licensed by the Department of Public Health as an RN (section 1905(a)(6)). These qualifications provide such individuals with expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Licensed Practical Nurses (LPNs): Licensed by the Department of Public Health as an LPN and working under the supervision of an RN (section 1905(a)(6)). These qualifications provide such individuals with expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Opticians: Licensed by the Department of Public Health as an optician (section 1905(a)(6)). These qualifications provide such individuals with specific training and expertise in visual impairments and treatments which enables them to be qualified to perform such services related to development regarding visual impairments.

b. Non-Licensed Practitioners

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Board Certified Behavior Analysts (BCBAs): Certified as a BCBA by the Behavior Analyst Certification Board (BACB) (section 1905(a)(13)(C)). As part of this certification, in general, the BACB requires a relevant graduate degree with specified academic content, passing an exam, and experience in one of the following: (1) intensive practicum, which involves completing, with a passing grade, 750 hours of intensive practicum in behavior analysis within a university practicum program approved by the BACB and taken for graduate academic credit; (2) 1,500 hours of supervised independent fieldwork in behavior analysis; or (3) 1,000 hours of practicum in behavior analysis within a university practicum program approved by the BACB and taken for graduate academic credit. These qualifications provide such individuals with specific training and expertise in autism, behavior management, developmental delays and disabilities, which enables them to be qualified to perform such services.

Board Certified Assistant Behavior Analyst (BCaBA): Certified as a BCaBA by the Behavior Analyst Certification Board (section 1905(a)(13)(C)). As part of this certification, in general, the BACB requires a bachelor's degree plus successful completion of specified courses, passing an exam, and experience in one of the following: (1) intensive practicum, which involves completing, with a passing grade, 500 hours of intensive practicum in behavior analysis within a university practicum program approved by the BACB and taken for academic credit; in order to count experience hours within any given supervisory period, which is of a one-week duration, supervisees must be supervised at least twice during that period for no less than 10% of the total hours spent in intensive practicum; (2) 1,000 hours of supervised independent fieldwork in behavior analysis; in order to count experience hours within any given supervisory period, which is of a two-week duration, supervisees must be supervised at least once during that period for no less than 5% of the total hours spent in Supervised Independent Fieldwork; or (3) a practicum, in which supervisees must complete, with a passing grade, 670 hours of practicum in behavior analysis within a university practicum program approved by the BACB and taken for academic credit; in order to count experience hours within any given supervisory period, which is of a one-week duration, supervisees must be supervised at least once during that period for no less than 7.5% of the total hours spent in Practicum. These

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qualifications provide such individuals with specific training and expertise in autism, behavior management, developmental delays and disabilities, which enables them to be qualified to perform such services.

Developmental Therapists: Individuals with a Bachelor's or Master's degree in a human services field and who are certified by the Connecticut Department of Education in a field that is authorized as qualified to provide EIS by the applicable Connecticut Office of Early Childhood personnel standards (section 1905(a)(13)(C)). Connecticut certification is based on completion of a state-approved educator preparation program or teaching experience.

To obtain a Connecticut educator certification based on program preparation, educators must:

1. Successfully complete a state-approved planned program of general academic and professional education at a regionally accredited college or university;
2. Pass Praxis Core Academic Skills Tests (Core) or present official evidence of meeting requirements for a waiver of such tests; and
3. Pass subject-specific tests, if applicable to the endorsement requested.

To obtain a Connecticut educator certification based on teaching experience, educators must complete the equivalent of two school years of full-time teaching in the grade level and subject appropriate to the endorsement requested. The planned program requirement may be waived. However, all coursework, degree, testing and any experiential requirements must still be met.

To obtain Connecticut teacher certification based on teaching experience, educators must:

1. Document no fewer than 20 school months of successful, appropriate full-time teaching experience in the same approved non-public school or an out-of-state public school under a valid certificate;
2. Pass Praxis Core Academic Skills Tests (Core) or present official evidence of meeting requirements for a waiver of such tests;
3. Pass subject-specific tests, for those endorsements where a test is required in the applicable standards; and

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4. Successfully complete all required general academic and professional education coursework for the endorsement areas sought. All coursework must result in credit awarded to the individual as documented on an official transcript from one or more regionally accredited colleges or universities.

These qualifications provide such individuals with specific training and expertise in child development, including related developmental delays and disabilities, which enables them to be qualified to perform such services.

Developmental Therapy Specialists: Individuals with a Bachelor's or Master's degree in a human services field credentialed by the Connecticut Office of Early Childhood as an Infant, Toddler, Family Specialist (section 1905(a)(13)(C)). To obtain the EIS designation, providers must demonstrate knowledge through a multiple choice examination, skill through a portfolio based on work samples, completion of three observations in the field using the Birth to Three Observation Checklist and documentation of 300 hours of work in the field.

These qualifications provide such individuals with specific training and expertise in child development, including related developmental delays and disabilities, which enables them to be qualified to perform such services.

Developmental Therapy Associates: Individuals who are working under the direct supervision of a licensed or certified EIS provider (section 1905(a)(13)(C)). In addition, developmental therapy associates must have a minimum of a Bachelor's degree in a human services field unless: (1) prior to July 1, 2013, the individuals were providing EIS employed by or under contract to an EIS Program, as documented with the Connecticut Office of Early Childhood and (2) have at least four years of experience providing EIS. At least one hour per month of supervision and at least one team meeting per month. Staff are trained to work with an individual child and to carry out a program designed by someone who is licensed or certified. All progress notes countersigned by a supervisor who is licensed or certified.

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These qualifications provide such individuals with specific training and expertise in child development, including related developmental delays and disabilities, which enables them to be qualified to perform such services.

Dietician/Nutritionist: Individual who is registered with the Department of Public Health as a dietician/nutritionist (section 1905(a)(13)(C)). Applicants holding current certification as a Registered Dietitian by the Academy of Nutrition and Dietetics must meet standards of practice designated by the Academy. These qualifications provide such individuals with specific training and expertise in nutrition requirement for children with developmental delays and disabilities which enables them to be qualified to perform such services.

Assistive Technology Professionals (ATPs): Individual is certified as an ATP by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) (section 1905(a)(13)(C)). Certification by RESNA is based on successful completion of an exam based on RESNA identified standards for the field. These qualifications provide such individuals with specific expertise in medical equipment, supplies and appliances, which enables them to be qualified to perform such services.

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b.2. **Early Intervention Services (EIS) Pursuant to EPSDT**

A. Service Description

The following services are covered as EPSDT services pursuant to sections 1905(a)(4)(B) and 1905(r) of the Social Security Act and are available to each Medicaid beneficiary under age twenty-one (hereafter referred to as “child”).

Additional benefit categories cross-referenced below are provided as EPSDT services pursuant to section 1905(r)(5) of the Social Security Act. For those services cross-referenced as being provided as preventive services pursuant to section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c), a physician or other licensed practitioner’s signature on the Individualized Family Service Plan (IFSP) is that physician or practitioner’s recommendations for services to be provided as outlined in the IFSP.

Early Intervention Services (EIS) are provided to address a child’s developmental delays or disabilities in accordance with an IFSP. The IFSP defines individualized goals, objectives, and strategies for treatment, including recommendations for specific EIS including the frequency, intensity, and duration of recommended EIS, and which qualified EIS practitioner will deliver services. The IFSP is agreed upon by the IFSP team and signed by the child’s caregiver.

B. Services

EIS are provided pursuant to each child’s IFSP, except that screenings, evaluations and assessments may also be performed as necessary to determine if EIS are medically necessary for a child and to develop and update the IFSP. To the maximum extent possible and appropriate, services are provided in the child’s natural settings (home or community settings for typically developing peers).

1. Developmental Screening

- a. Description: Screening services are provided pursuant to sections 1905(a)(4)(B) and 1905(r)(1) and include activities completed at

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regular intervals carried out by qualified EIS providers to identify, at the earliest possible age, children suspected of having a developmental delay or disability. Screening services must be performed only in compliance with applicable Connecticut Office of Early Childhood procedures that specifically authorize provision of and payment for screening services. This screening is separate from and in addition to the state's standard EPSDT screening services that are provided in accordance with the periodicity schedule (those standard EPSDT screening services are covered under other benefit categories, such as physician, other licensed practitioner, dental, clinic, and pediatric and family nurse practitioner benefit categories).

To the extent appropriate, in accordance with Connecticut Office of Early Childhood procedures that specifically authorize such services, screening is available in the following circumstances: as part of mass screenings of Medicaid beneficiaries to screen a large number of children for whom EIS pursuant to EPSDT may be medically necessary, referrals required by law to the Connecticut Office of Early Childhood, or in other circumstances where there is a risk that a child has one or more developmental delays that could potentially make EIS medically necessary to determine which services are indicated pursuant to the IFSP.

A child is not required to receive a developmental screening before receiving an evaluation.

- b. Qualified Practitioners: See section C below for required provider and practitioner qualifications. Each practitioner listed in section C below is qualified to perform screenings to the extent appropriate within such individual's scope of practice.

2. Developmental Evaluation

- a. Description: Comprehensive multi-disciplinary evaluations are provided as: (i) EPSDT diagnostic services pursuant to sections 1905(a)(4)(B) and sections 1905(r)(2), (3) or (4); (ii) physician, other

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licensed practitioner, physical therapy, occupational therapy services and/or services for individuals with speech, hearing, and language disorders pursuant to sections 1905(a)(5), (6), (11) or (21), as applicable to the provider; and/or (iii) preventive services in accordance with section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c).

Comprehensive multi-disciplinary evaluations are conducted to determine each child's developmental status, including related physical and mental conditions. Each evaluation shall consider each child's unique needs. All evaluations are multi-disciplinary and more than one type of practitioner may be present at the same time or at different times as appropriate and necessary to evaluate areas of development, including, but not limited to, communication, cognition, adaptive skills, social-emotional skill, and physical development including motor skills, hearing, nutrition, vision and any other appropriate area. Such evaluation is necessary to determine if: EIS is medically necessary for a child and, if so, to determine which areas of development should be further assessed to determine specific recommended EIS as necessary to meet each child's unique needs. If indicated by the evaluation, the EIS Program shall refer the child for an assessment.

- b. Qualified Practitioner: Within an EIS Program, the following individual providers are qualified to perform evaluations within each individual's scope of practice (see section C below for detailed descriptions, qualifications, and cross-references to the applicable benefit category for each type of individual provider):
- Audiologists,
 - Audiologists – Clinical Fellowship Year (CFY),
 - BCBAs,
 - Developmental Therapists,
 - Developmental Therapy Specialists,
 - LMFTs,
 - LMFT Interns,
 - LPCs,
 - LPC Interns,

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- APRNs,
 - RNs,
 - Occupational Therapists,
 - Optometrists,
 - Physical Therapists,
 - Physicians,
 - Physician Assistants,
 - Licensed Psychologists,
 - Licensed Psychologist Interns,
 - LCSWs,
 - LCSW Interns,
 - LMSWs,
 - Speech and Language Pathologists, and
 - Speech and Language Pathologists – CFY.
- c. Limitation: A subsequent developmental evaluation may not be completed less than 3 months after a prior developmental evaluation was completed, which may be exceeded with prior authorization based on medical necessity.

3. Assessments

- a. Description: Assessments are provided as (i) EPSDT diagnostic services pursuant to sections 1905(a)(4)(B) and sections 1905(r)(2), (3), or (4); (ii) physician, other licensed practitioner, physical therapy, occupational therapy services and/or services for individuals with speech, hearing, and language disorders pursuant to sections 1905(a)(5), (6), (11) or (21), as applicable to the provider; and/or (iii) preventive services in accordance with section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c).

Based on the recommendations of the evaluation, initial and ongoing assessments are conducted to determine the frequency, intensity, duration, and type of EIS needed. Assessments are necessary in order to enable the provider to develop, implement, and update the IFSP. Assessments focus on areas and conditions identified in the evaluation and are used to determine specific services that are medically

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necessary to address, for example, identified hearing and vision impairments and autism spectrum disorder. Assessments must be performed at least annually. In addition, assessments, including new or repeated components of an assessment, may be performed, updated and/or repeated as medically necessary for a child. A non-exclusive example of circumstances under which a new assessment could be provided is where there are delays in other areas of development than the focus of initial or earlier assessments.

- b. Qualified Practitioners: Within an EIS Program, the following practitioners are qualified to perform assessments within such individual's scope of practice (see section C below for detailed descriptions, qualifications, and cross-references to the applicable benefit category for each type of individual practitioner):

- Assistive Technology Professionals,
- Audiologists,
- Audiologists – CFY,
- BCBAs,
- Developmental Therapists,
- Developmental Therapy Specialists,
- LMFTs,
- LMFT Interns,
- APRNs,
- RNs,
- Licensed Professional Counselors,
- Licensed Professional Counselor Interns,
- Occupational Therapists,
- Optometrists,
- Opticians,
- Physical Therapists,
- Physicians,
- Physician Assistants,
- Licensed Psychologists,
- Licensed Psychologist Interns,

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- LCSWs,
- LMSWs,
- LCSW Interns,
- Speech and Language Pathologists, and
- Speech and Language Pathologists – CFY.

4. IFSP Planning

- a. Description: IFSP planning is provided as (i) physician, other licensed practitioner, physical therapy, occupational therapy services and/or services for individuals with speech, hearing, and language disorders pursuant to sections 1905(a)(5), (6), (11) or (21), as applicable to the provider; and/or (ii) preventive services in accordance with section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c).

This service includes one or more of the practitioners listed below attending and participating in IFSP planning meetings and completing individual evaluation and treatment recommendations that may be included in the IFSP. Based on the assessment, the practitioner codifies the evaluation and treatment recommendations in the IFSP to determine and outline the individualized goals, objectives, and strategies for treatment, including specific types, frequency, intensity, and duration of recommended EIS treatment services. All IFSP-related services are multi-disciplinary and more than one type of practitioner may be present at the same time or at different times as clinically appropriate and necessary to participate in IFSP planning and to codify evaluation and treatment recommendations in the IFSP. The IFSP is planned in collaboration with the child's caregivers and a multi-disciplinary team that includes professionals appropriate to determine each child's unique needs. In order to ensure that the IFSP is recommended by at least one physician or other licensed practitioner in accordance with 42 CFR 440.130(c), the IFSP team shall include at least one of the following licensed practitioners: audiologist, licensed marital and family therapist, advanced practice registered nurse, registered nurse, occupational therapist, optometrist, physical therapist, physician, physician assistant, licensed professional counselor,

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licensed psychologist, licensed clinical social worker, licensed master social worker, or speech and language pathologist. It is not required that each of these individuals attends each meeting but at least one such individual shall participate as part of the IFSP team and shall sign the IFSP. As part of this process, the provider coordinates with other appropriate providers and the child's caregivers. Revisions and updates are provided as necessary and appropriate in order to ensure that the IFSP continues to be appropriately tailored to each child's needs.

- b. Qualified Practitioners: Within an EIS Program, each of the individual practitioners identified in section C below is qualified to develop, evaluate, revise, update, and monitor the IFSP within such individual's scope of practice, so long as the individual completes applicable training specified by the Connecticut Office of Early Childhood.

5. Early Intervention Treatment Services

- a. Description: Early intervention treatment services are provided as EPSDT services through one or more of the following Medicaid benefit categories (i) physicians' services, other licensed practitioner services, physical therapy, occupational therapy services and/or services for individuals with speech, hearing, and language disorders or nurse practitioner services pursuant to sections 1905(a)(5), (6), (11) or (21), respectively, as applicable to the provider; and/or (ii) preventive services in accordance with section 1905(a)(13)(C) and 42 C.F.R. § 440.130(c).

For the benefit of the child, in accordance with and subject to Connecticut Office of Early Childhood procedures, early intervention treatment services are provided in accordance with the IFSP and includes assisting caregivers with enhancing the functional development of the child with an emphasis on specific developmental areas appropriately tailored to each child's needs, including, but not limited to, cognitive processes, communication, motor, behavior and social interaction. As medically necessary for each child based on that

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child's individual needs, early intervention treatment services include, but are not limited to, the following:

(1) Consulting with and training the child's caregivers for the benefit of the child to design or adapt environments, activities and materials to enhance the child's development and collaborating with caregivers and other medical and EIS providers to support medically necessary services. The provision of early intervention treatment services is multi-disciplinary and more than one type of practitioner or more than one of the same type of practitioner (such as two individuals who are the same type of practitioner but who have different areas of expertise) may be present at the same time or at different times as clinically appropriate and necessary to provide early intervention treatment services.

(2) Assisting the family, for the benefit of the child, in gaining access to, and coordinating services, including making referrals to providers for needed services and scheduling appointments; facilitating and participating in the development, review, and evaluation of IFSPs, coordinating all EIS provided under the IFSP, and planning transition out of receiving EIS.

(3) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with the IFSP; training or technical assistance in the use of assistive technology devices for the benefit of the child; and training or technical assistance in the use of assistive technology devices for professionals or others who provide services to the child, or are otherwise substantially involved in the child's major life functions.

- b. Services in Accordance with IFSP: In accordance with and subject to Connecticut Office of Early Childhood procedures, early intervention treatment services must be provided in accordance with the IFSP, which also includes an interim IFSP, if applicable, and updates and amendments to the IFSP.

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- c. Setting: Early intervention treatment services must primarily be delivered in-person. When appropriate in accordance with the IFSP, early intervention treatment services may also be delivered via synchronous real-time video conference, so long as it is: clinically appropriate for a child's circumstances for a specific service to be delivered other than in-person; is provided in accordance with all applicable Connecticut Office of Early Childhood and Department of Social Services procedures; complies with all applicable information security and privacy requirements; and meets all other applicable requirements for a service, including, but not limited to, provider qualifications, duration of service, and specific services provided.
- d. Qualified Practitioner: Within an EIS Program, each individual provider identified in Section C below is qualified to provide early intervention treatment services within such individual's scope of practice.

6. Medical Supplies, Equipment and Appliances

- a. Description: This category includes medical supplies, equipment, and appliances pursuant to section 1905(a)(7) and 42 C.F.R. § 440.70(b)(3), but does not include supplies, equipment and appliances that are provided and billed by a medical equipment, devices and supplies provider within the home health benefit category detailed in section 7 of Attachment 3.1-A.
- b. Qualified Providers: See section C below for required provider qualifications for EIS Programs.

C. Provider Qualifications

1. Program Entity Qualifications

On behalf of each child, the child's parent(s), guardian(s) or other appropriate caregiver(s) may choose a qualified EIS Program as described below that provides services in the municipality where the child resides and that has been

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selected by the Connecticut Office of Early Childhood in accordance with the section 1915(b)(4) Selective Provider Contracting Waiver, as applicable. Each EIS Program must assure and exercise sufficient supervision so that all of its affiliated EIS providers meet all applicable Medicaid requirements and the applicable requirements of this section for the services that the individual EIS providers provide.

EIS Programs are under contract with the Connecticut Office of Early Childhood as a result of a Request for Proposals (RFP) process described in the 1915(b)(4) Selective Provider Contracting Waiver for the number of programs per town, as applicable.

All EIS Programs must meet the provider qualifications of the Connecticut Office of Early Childhood or designated successor state agency. These qualifications include that the provider must: be a private or municipal entity with an office in the state, have sufficient information technology knowledge and support, and be fiscally viable. In addition, the person with primary direct oversight of the EIS Program must have at least three years of experience administering a home-based program for families with infants and toddlers with disabilities. The Program must demonstrate compliance with providing timely IFSPs, providing timely new services, timely transition planning, and cultural and linguistic competency.

2. Individual Practitioner Qualifications

In order to provide EIS, each individual practitioner must be affiliated with an EIS Program (*i.e.*, employed by or under contract to the EIS Program). Individual practitioners may only provide EIS through their affiliation with the EIS Program. Qualified EIS providers must meet all applicable Medicaid requirements and the applicable requirements of this section for the services that the individual EIS providers provide through the IFSP process.

EIS practitioners must provide services within their applicable scopes of practice under state law and in accordance with the Connecticut Office of Early Childhood's personnel standards for early intervention. The relevant Medicaid benefit category under which services are coverable when performed by each provider—and therefore also coverable under EPSDT—is listed below.

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- a. Licensed Practitioners: Each of the following licensed practitioners are licensed by the Department of Public Health in accordance with the requirements applicable to that practitioner type as set forth in more detail in the applicable section of Attachment 3.1-A of the Medicaid State Plan in which such practitioner could separately enroll and bill for providing Medicaid services. As described in those sections, each of the following practitioners is licensed only after meeting the education, experience, and exam requirements as set forth in the licensure requirements under state law for that practitioner type.

Audiologists; Occupational Therapists; Physical Therapists; and Speech and Language Pathologists: Qualifications are the same as described in section 11 of Attachment 3.1-A (section 1905(a)(11)). These qualifications provide such individuals with specific training and expertise in developmental function and relevant treatments, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Audiologists – Clinical Fellowship Year (CFY); and Speech and Language Pathologists – CFY: Individual has graduated with a degree that qualifies towards licensure as an audiologist or speech and language pathologist and is working towards licensure during the clinical fellowship year under the supervision of an audiologist or speech and language pathologist, as applicable (section 1905(a)(11) or 1905(a)(13)(C)). These qualifications provide such individuals with specific training and expertise in developmental function and relevant treatments, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Physical Therapy Assistants and Occupational Therapy Assistants: Licensed by the Department of Public Health as a physical therapy assistant or occupational therapy assistant and working under the supervision of a physical therapist or occupational therapist, as applicable (section 1905(a)(11)).

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Physicians; Physician Assistants; Nurse Practitioners / Advanced Practice Registered Nurses (APRNs); Licensed Psychologists; Optometrists; Licensed Marital and Family Therapists (LMFTs); Licensed Clinical Social Workers (LCSWs); and Licensed Professional Counselors (LPCs): Same as described in section 5 or section 6, as applicable, of Attachment 3.1-A (sections 1905(a)(5), 1905(a)(6), and/or 1905(a)(21), as applicable). These qualifications give each of the applicable types of practitioners expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Licensed Psychologist Interns; LCSW Interns; LMFT Interns; LPC Interns: Individual has graduated with a degree that would enable the individual to become a licensed psychologist, LCSW, LMFT, or LPC while working towards licensure and working under the direct supervision of the applicable licensed practitioner (section 1905(a)(6) or 1905(a)(13)(C)). These qualifications give each of the applicable types of practitioners expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Licensed Master Social Workers (LMSWs): Licensed by the Department of Public Health as a master social worker (section 1905(a)(6)). These qualifications give each of the applicable types of practitioners expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and

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treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Registered Nurses (RNs): Licensed by the Department of Public Health as an RN (section 1905(a)(6)). These qualifications provide such individuals with expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Licensed Practical Nurses (LPNs): Licensed by the Department of Public Health as an LPN and working under the supervision of an RN (section 1905(a)(6)). These qualifications provide such individuals with expertise in developmental function and relevant treatments within the scope of each practitioner's field, which gives them expertise in evaluating, assessing, and treating developmental delays and disabilities which enables them to be qualified to perform the services that they are permitted to perform in accordance with this section.

Opticians: Licensed by the Department of Public Health as an optician (section 1905(a)(6)). These qualifications provide such individuals with specific training and expertise in visual impairments and treatments which enables them to be qualified to perform such services related to development regarding visual impairments.

b. Non-Licensed Practitioners

Board Certified Behavior Analysts (BCBAs): Certified as a BCBA by the Behavior Analyst Certification Board (BACB) (section 1905(a)(13)(C)). As part of this certification, in general, the BACB requires a relevant graduate degree with specified academic content, passing an exam, and experience in one of the following: (1) intensive practicum, which involves completing, with a passing grade, 750 hours of intensive practicum in behavior analysis

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within a university practicum program approved by the BACB and taken for graduate academic credit; (2) 1,500 hours of supervised independent fieldwork in behavior analysis; or (3) 1,000 hours of practicum in behavior analysis within a university practicum program approved by the BACB and taken for graduate academic credit. These qualifications provide such individuals with specific training and expertise in autism, behavior management, developmental delays and disabilities, which enables them to be qualified to perform such services.

Board Certified Assistant Behavior Analyst (BCaBA): Certified as a BCaBA by the Behavior Analyst Certification Board (section 1905(a)(13)(C)). As part of this certification, in general, the BACB requires a bachelor's degree plus successful completion of specified courses, passing an exam, and experience in one of the following: (1) intensive practicum, which involves completing, with a passing grade, 500 hours of intensive practicum in behavior analysis within a university practicum program approved by the BACB and taken for academic credit; in order to count experience hours within any given supervisory period, which is of a one-week duration, supervisees must be supervised at least twice during that period for no less than 10% of the total hours spent in intensive practicum; (2) 1,000 hours of supervised independent fieldwork in behavior analysis; in order to count experience hours within any given supervisory period, which is of a two-week duration, supervisees must be supervised at least once during that period for no less than 5% of the total hours spent in Supervised Independent Fieldwork; or (3) a practicum, in which supervisees must complete, with a passing grade, 670 hours of practicum in behavior analysis within a university practicum program approved by the BACB and taken for academic credit; in order to count experience hours within any given supervisory period, which is of a one-week duration, supervisees must be supervised at least once during that period for no less than 7.5% of the total hours spent in Practicum. These qualifications provide such individuals with specific training and expertise in autism, behavior management, developmental delays and disabilities, which enables them to be qualified to perform such services.

Developmental Therapists: Individuals with a Bachelor's or Master's degree in a human services field and who are certified by the Connecticut Department

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of Education in a field that is authorized as qualified to provide EIS by the applicable Connecticut Office of Early Childhood personnel standards (section 1905(a)(13)(C)). Connecticut certification is based on completion of a state-approved educator preparation program or teaching experience.

To obtain a Connecticut educator certification based on program preparation, educators must:

1. Successfully complete a state-approved planned program of general academic and professional education at a regionally accredited college or university;
2. Pass Praxis Core Academic Skills Tests (Core) or present official evidence of meeting requirements for a waiver of such tests; and
3. Pass subject-specific tests, if applicable to the endorsement requested.

To obtain a Connecticut educator certification based on teaching experience, educators must complete the equivalent of two school years of full-time teaching in the grade level and subject appropriate to the endorsement requested. The planned program requirement may be waived. However, all coursework, degree, testing and any experiential requirements must still be met. To obtain Connecticut teacher certification based on teaching experience, educators must:

1. Document no fewer than 20 school months of successful, appropriate full-time teaching experience in the same approved non-public school or an out-of-state public school under a valid certificate;
2. Pass Praxis Core Academic Skills Tests (Core) or present official evidence of meeting requirements for a waiver of such tests;
3. Pass subject-specific tests, for those endorsements where a test is required in the applicable standards; and
4. Successfully complete all required general academic and professional education coursework for the endorsement areas sought. All coursework must result in credit awarded to the individual as documented on an official transcript from one or more regionally accredited colleges or universities.

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These qualifications provide such individuals with specific training and expertise in child development, including related developmental delays and disabilities, which enables them to be qualified to perform such services.

Developmental Therapy Specialists: Individuals with a Bachelor's or Master's degree in a human services field credentialed by the Connecticut Office of Early Childhood as an Infant, Toddler, Family Specialist (section 1905(a)(13)(C)). To obtain the EIS designation, providers must demonstrate knowledge through a multiple choice examination, skill through a portfolio based on work samples, completion of three observations in the field using the Birth to Three Observation Checklist and documentation of 300 hours of work in the field.

These qualifications provide such individuals with specific training and expertise in child development, including related developmental delays and disabilities, which enables them to be qualified to perform such services.

Developmental Therapy Associates: Individuals who are working under the direct supervision of a licensed or certified EIS provider (section 1905(a)(13)(C)). In addition, developmental therapy associates must have a minimum of a Bachelor's degree in a human services field unless: (1) prior to July 1, 2013, the individuals were providing EIS employed by or under contract to an EIS Program, as documented with the Connecticut Office of Early Childhood and (2) have at least four years of experience providing EIS. At least one hour per month of supervision and at least one team meeting per month. Staff are trained to work with an individual child and to carry out a program designed by someone who is licensed or certified. All progress notes countersigned by a supervisor who is licensed or certified.

These qualifications provide such individuals with specific training and expertise in child development, including related developmental delays and disabilities, which enables them to be qualified to perform such services.

Dietician/Nutritionist: Individual who is registered with the Department of Public Health as a dietician/nutritionist (section 1905(a)(13)(C)). Applicants holding current certification as a Registered Dietitian by the Academy of

State: CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

OFFICIAL

Early Intervention Services (EIS) Pursuant to EPSDT

Nutrition and Dietetics must meet standards of practice designated by the Academy. These qualifications provide such individuals with specific training and expertise in nutrition requirement for children with developmental delays and disabilities which enables them to be qualified to perform such services.

Assistive Technology Professionals (ATPs): Individual is certified as an ATP by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) (section 1905(a)(13)(C)). Certification by RESNA is based on successful completion of an exam based on RESNA identified standards for the field. These qualifications provide such individuals with specific expertise in medical equipment, supplies and appliances, which enables them to be qualified to perform such services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT **OFFICIAL**
State: CONNECTICUT

b.2. Early Intervention Services (EIS) Pursuant to EPSDT. The current fee schedule was updated as of September 1, 2017 and is effective for services provided on or after that date. The fee schedule is posted to the Connecticut Medical Assistance Program website at this link: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

TN # 17-0019

Supersedes

TN # NEW

Approval Date 9/20/2017

Effective Date 10-01-2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State: CONNECTICUT**

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TN # 17-0019**Supersedes****TN # NEW****Approval Date 9/20/2017****Effective Date 10-01-2017**