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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 11, 2018

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 18-0013. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL) on March 27, 2018, meets all federal statutory and regulatory requirements for establishing an ABP. This SPA was submitted to add clarifying updates to the Person-Center Medical Homes (PCMH+) program and update dental coverage limits. This SPA has been approved effective January 1, 2018.

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 Connecticut State plan:

- Attachment 3.1-L, template ABP 5, pages 1-42

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

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-18-0013

Proposed Effective Date

01/01/2018 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act Sections 1902(a)(10)(A)(i)(VIII); 1902(k)(1) and 1937

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2018	\$ 0.00
Second Year	2019	\$ 0.00

Subject of Amendment

Effective 1/1/18, CT SPA 18-0013 amends the ABP to confirm that it continues to reflect the same coverage as the underlying State Plan, including sec. 1905(a)(29) benefit category (Other Medical Care...). The ABP has always indicated that it fully aligns with the underlying State Plan, although specific reference to that benefit category was inadvertently omitted from the initial ABP. This SPA clarifies that all of those services are included, including the Person-Centered Medical Home Plus (PCMH+) program, which includes primary care case management services as defined in sec. 1905(t), including care coordination services described in Attachments 3.1-A and 3.1-B (added to the State Plan by SPA 17-0002).

SPA 18-0013 also adds, effective 1/1/18, within the Dental Services (for Adults) benefit in Essential Health Benefits 1 that non-emergency dental services above \$1,000, for adult beneficiary per calendar year, must be prior authorized. Prior authorization is based on medical necessity. This limit corresponds with SPA 18-0009.

This ABP (established by approved SPA 14-0008) describes the benefit package for Medicaid low-income adults under Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act effective 01/01/2014. In CT, this group is called "Medicaid Coverage for the Lowest Income Populations", also known as HUSKY D. CT intends to continue providing the full set of Medicaid state plan services to this population; the ABP aligns with state plan coverage. The State chose the Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP) as its benchmark.

Previously approved amendments to the ABP include:

- SPA 14-0040 (corresponding to SPA 14-028);
- SPA 15-0023 (corresponding to SPAs 15-004 and SPA 15-007);
- SPA 15-0030 (clarifying updates and also corresponding to SPA 14-035);
- SPA 15-0022 (corresponding to SPA 15-012); and
- SPA 15-0024 (corresponding to SPA 15-0014).

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:	Jun 7, 2018
Submit Date:	Mar 27, 2018

Date Received: 03/27/2018

Plan Approved-One Copy Attached

Effective Date of Approved Material: 01/01/2018

Typed Name: Richard R. McGreal

Date Approved: 06/14/2018
Signature of Regional Official
/S/

Division of Medicaid & Children's Health Operations
Boston Regional Office



Alternative Benefit Plan

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="text" value="No"/>	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="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."	
<input type="text" value="Secretary-Approved"/>	



Alternative Benefit Plan

☒ 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

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

- 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

Remove

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)



Alternative Benefit Plan

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:



Alternative Benefit Plan

Benefit Provided:		Source:	Remove
Clinic Services: Family Planning Clinics		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	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:		Source:	Remove
Family Planning Services and Supplies		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
Authorization required in excess of limitation	Medicaid State Plan		
Amount Limit:	Duration Limit:		
See "Other information"	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:		Source:
Medical and Surgical Services by a Dentist		State Plan 1905(a)
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Alternative Benefit Plan

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 Svcs

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

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:

See Attachment 3.1-A for details. In brief, a summary of limits is as follows: Prior authorization required for non-emergency dental services based on medical necessity; 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
- One oral examination and one prophylaxis every year (two years for adults living in long-term care facilities);
- Non-emergency Dental services above \$1,000, per adult beneficiary per calendar year, must be prior authorized. Prior authorization is based on medical necessity;
- Pre-molar sealants; sealants that fail within 5 years of placement; direct placed restorations that require replacement within 2 years.
- 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

<input type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Outpatient Hospital Services - Emergency Care</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; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Authorization required within two days of admission</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</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></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other: Transportation - Ambulance</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</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; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</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></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Add</div>		



Alternative Benefit Plan

☒ 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



Alternative Benefit Plan

☒ 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



Alternative Benefit Plan

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



Alternative Benefit Plan

☒ 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, psychological testing, and electroconvulsant shock therapy.

Benefit Provided:

Physician Services - MH/SUD

Source:

State Plan 1905(a)



Alternative Benefit Plan

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 partial hospitalization, and psychological testing.

Benefit Provided:

Clinic Services: Methadone Maintenance Clinics

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

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



Alternative Benefit Plan

☒ 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

Yes

State licensed

☐ Limit on number of prescriptions

☐ Limit on brand drugs

☐ Other coverage limits

☒ Preferred drug list

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.



Alternative Benefit Plan

☒ 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



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other Lab and X-Ray Services</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; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">State Plan 1905(a)</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></div></div> <div style="margin-top: 10px;"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; padding: 5px; min-height: 40px;">-A number of advanced imaging services require prior authorization -Genetic testing requires prior authorization</div></div> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 5px 15px; background-color: #f0f0f0;">Remove</div><div style="border: 1px solid black; padding: 5px 15px; background-color: #f0f0f0; margin-top: 10px;">Add</div></div>		



Alternative Benefit Plan

☒ 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 behavioral health clinics, FQHCs, and outpatient hospitals.

Add



Alternative Benefit Plan

☒ 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



Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Outpatient Hospital or Ambulatory Surgical Center</div>	<p>Source:</p> <p>Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>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</p><p>The Connecticut Medicaid state plan benefit is similar in amount, duration, and scope to the base benchmark benefit.</p></div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Treatment Therapies</div>	<p>Source:</p> <p>Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>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)</p></div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Diagnostic and Treatment Services</div>	<p>Source:</p> <p>Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>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</p></div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Allergy Care</div>	<p>Source:</p> <p>Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services</p></div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Anesthesia</div>	<p>Source:</p> <p>Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>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:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services</p></div>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <div>Surgical Procedures</div>	Source: Base Benchmark	<div>Remove</div>
<p>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:</p> <div>Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services</div> <p>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.</p>		
Base Benchmark Benefit that was Substituted: <div>Family Planning</div>	Source: Base Benchmark	<div>Remove</div>
<p>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:</p> <div>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</div> <p>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.</p>		
Base Benchmark Benefit that was Substituted: <div>Oral and Maxillofacial Surgery</div>	Source: Base Benchmark	<div>Remove</div>
<p>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:</p> <div>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</div>		
Base Benchmark Benefit that was Substituted: <div>Home Health Services</div>	Source: Base Benchmark	<div>Remove</div>
<p>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:</p> <div>Duplication: Covered under the Connecticut Medicaid state plan as Home Health Services - Nursing Svs (7.a) in EHB 1: Ambulatory patient services</div> <p>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.</p>		
Base Benchmark Benefit that was Substituted: <div>Foot Care</div>	Source: Base Benchmark	
<p>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:</p> <div>Duplication: Covered under the Connecticut Medicaid state plan as Podiatrist Services (6.a) in EHB 1:</div>		



Alternative Benefit Plan

<input type="text" value="Ambulatory patient services."/>		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Education Classes and Programs"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
<p>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:</p> <div><p>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.</p></div>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Alternative Treatments - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
<p>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:</p> <div><p>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</p></div>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic and Manipulative Treatment - Sub"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
<p>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:</p> <div><p>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</p></div>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Infertility Services - Duplication & Substitution"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
<p>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:</p> <div><p>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)</p></div>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Manipulative Treatment - Physician"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
<p>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:</p> <div><p>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</p></div>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <div>Accidental Injury</div>	Source: Base Benchmark	<div>Remove</div>
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: <div>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</div>		
Base Benchmark Benefit that was Substituted: <div>Medical Emergency</div>	Source: Base Benchmark	<div>Remove</div>
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: <div>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</div>		
Base Benchmark Benefit that was Substituted: <div>Ambulance</div>	Source: Base Benchmark	<div>Remove</div>
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: <div>Duplication: Covered under the Connecticut Medicaid state plan as Other: Transportation - Ambulance (24.a.1) in EHB 2: Emergency services</div>		
Base Benchmark Benefit that was Substituted: <div>Inpatient Hospital</div>	Source: Base Benchmark	<div>Remove</div>
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: <div>Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization</div> <div>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.</div>		
Base Benchmark Benefit that was Substituted: <div>Organ/Tissue Transplants</div>	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: <div>Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization</div>		
TN: CT 18-013 Superseded TN: CT 15-030		
CT ABP 5 for MCLIP		
Approval Date: 06/14/2018 Effective Date: 01/01/2018		



Alternative Benefit Plan

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: <div>Reconstructive Surgery</div>	Source: Base Benchmark	Remove
<p>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:</p> <div>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)</div> <p>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.</p>		
Base Benchmark Benefit that was Substituted: <div>Maternity Care</div>	Source: Base Benchmark	Remove
<p>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:</p> <div>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</div>		
Base Benchmark Benefit that was Substituted: <div>Lab, X-Ray and Other Diagnostic Tests</div>	Source: Base Benchmark	Remove
<p>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:</p> <div>Duplication: Covered under the Connecticut Medicaid state plan as Other Laboratory and X-Ray (3) in EHB 8: Laboratory services</div>		
Base Benchmark Benefit that was Substituted: <div>Hospice Care</div>	Source: Base Benchmark	Remove
<p>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:</p> <div>Duplication: Covered under the Connecticut Medicaid state plan as Hospice Care Services (18) in EHB 1: Ambulatory patient services</div>		
Base Benchmark Benefit that was Substituted: <div>Durable Medical Equipment (DME)</div>	Source: Base Benchmark	Remove
<p>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:</p> <div>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</div>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <div>Hearing Services (testing, trtmt and supplies)</div>	Source: Base Benchmark	<div>Remove</div>
<p>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:</p> <div>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</div> <div>The base benchmark plan does not cover routine hearing tests for adults.</div>		
Base Benchmark Benefit that was Substituted: <div>Medical Supplies</div>	Source: Base Benchmark	<div>Remove</div>
<p>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:</p> <div>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</div>		
Base Benchmark Benefit that was Substituted: <div>Orthopedic and Prosthetic Devices</div>	Source: Base Benchmark	<div>Remove</div>
<p>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:</p> <div>Duplication: Covered under the Connecticut Medicaid state plan as Orthopedic and Prosthetic Devices (12.c.) in EHB 7: Rehabilitative and habilitative services and devices</div> <div>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.</div>		
Base Benchmark Benefit that was Substituted: <div>PT, OT, ST and Cognitive Therapy</div>	Source: Base Benchmark	<div>Remove</div>
<p>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:</p> <div>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</div> <div>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.</div>		
Base Benchmark Benefit that was Substituted: <div>Inpatient Hospital or Other Covered Facility</div>	Source: Base Benchmark	



Alternative Benefit Plan

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

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

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Base Benchmark Benefit not Included in the Alternative Benefit Plan:</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Vision Services (testing, treatment, and supplies)</div> <div style="border: 1px solid #ccc; padding: 5px;">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)</div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Source: Base Benchmark</div> <div style="text-align: right; margin-top: 20px;"><div style="border: 1px solid #ccc; padding: 5px 10px; background-color: #f0f0f0;">Remove</div></div>	
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Base Benchmark Benefit not Included in the Alternative Benefit Plan:</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Dental Benefit</div> <div style="border: 1px solid #ccc; padding: 5px;">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)</div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Source: Base Benchmark</div> <div style="text-align: right; margin-top: 20px;"><div style="border: 1px solid #ccc; padding: 5px 10px; background-color: #f0f0f0;">Remove</div></div>	
		<div style="border: 1px solid #ccc; padding: 5px 10px; background-color: #f0f0f0;">Add</div>



Alternative Benefit Plan

☒ 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

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

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

Other:

Remove

Other 1937 Benefit Provided:

Other Medical Care: 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

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

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

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

Other 1937 Benefit Provided: <div>Rehab Services: PNMI for Children</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
Authorization: <div>Prior Authorization</div>		Provider Qualifications: <div>Medicaid State Plan</div>	
Amount Limit: <div>None</div>		Duration Limit: <div>None</div>	
Scope Limit: <div>Only for clients under age 21</div>			
Other: <div></div>			

Other 1937 Benefit Provided: <div>Rehab Services: Psychiatric Svs to Children</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	<div>Remove</div>
Authorization: <div>Other</div>		Provider Qualifications: <div>Medicaid State Plan</div>	
Amount Limit: <div>None</div>		Duration Limit: <div>None</div>	
Scope Limit: <div>Only for clients under age 21</div>			
Other: <div>-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</div>			

Other 1937 Benefit Provided: <div>Inpatient Psychiatric Facility Svs for Under 21</div>		Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <div>Prior Authorization</div>		Provider Qualifications: <div>Medicaid State Plan</div>	
Amount Limit: <div>None</div>		Duration Limit: <div>None</div>	
Scope Limit: <div>Only for clients under age 21, except up to 22 as provided in 42 CFR 441.151(a)(3)</div>			
Other: <div></div>			

TN: CT 18-013
Superseded TN: CT 15-030

CT ABP 5 for MCLIP

Approval Date: 06/14/2018
Effective Date: 01/01/2018



Alternative Benefit Plan

		Remove
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Other 1937 Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Other Practitioner: Professional Counselor Svs</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Other</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div><p>Other:</p><div style="border: 1px solid black; padding: 2px;">Registration required</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Section 1937 Coverage Option Benchmark Benefit Package</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">None</div></div></div> <div style="text-align: right; border: 1px solid black; background-color: #f0f0f0; margin-top: 10px;">Remove</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Other 1937 Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Other Practitioner: Licensed ADC Svs</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Other</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div><p>Other:</p><div style="border: 1px solid black; padding: 2px;">- Other Practitioner: Licensed Alcohol and Drug Counselor Services - Registration required</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Section 1937 Coverage Option Benchmark Benefit Package</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">None</div></div></div> <div style="text-align: right; border: 1px solid black; background-color: #f0f0f0; margin-top: 10px;">Remove</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Other 1937 Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Other Pract: Licensed Marital & Family Therapist</div><p>Authorization:</p><div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; height: 20px; margin-bottom: 10px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Section 1937 Coverage Option Benchmark Benefit Package</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Medicaid State Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">None</div></div></div>		

TN: CT 18-013
Superseded TN: CT 15-030

CT ABP 5 for MCLIP

Approval Date: 06/14/2018
Effective Date: 01/01/2018



Alternative Benefit Plan

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

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.

Other 1937 Benefit Provided:

TCM for Clients with Developmental Disabilities

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:

TCM for Clients with Developmental Disabilities is detailed in the Medicaid State Plan in Supplement 1 to Attachment 3.1-A(1), Pages 1 through 6.

Other 1937 Benefit Provided:

Community First Choice Pursuant to Section 1915(k)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-K

Duration Limit:

None

Scope Limit:

See Attachment 3.1-K



Alternative Benefit Plan

Other:

See Attachment 3.1-K for details regarding this benefit (created through approved SPA 15-012), including service components, limits, and provider information.

Remove

Other 1937 Benefit Provided:

Behavioral Health Homes Pursuant to Section 1945

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-H

Duration Limit:

None

Scope Limit:

See Attachment 3.1-H

Other:

See Attachment 3.1-H for details regarding this benefit (created through SPA 15-014), including service components, limits, and provider information.

Other 1937 Benefit Provided:

Other Medical Care: Integrated Care Models - PCMH+

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A.

Other:

As described in Attachment 3.1-A, the Person-Centered Medical Home Plus (PCMH+) is an integrated care model within the Other Medical Care benefit category in section 1905(a)(29) of the Social Security Act and includes the provision of primary care case management services as defined in section 1905(t) of the Social Security Act.

See Attachment 3.1-A for details regarding this benefit (created through SPA 17-0002), including service components, limits, and provider information.

Add



Alternative Benefit Plan

☐ 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