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**State/Territory Name: Connecticut** 

State Plan Amendment (SPA) #: 21-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 28, 2022

#### VIA E-MAIL

Dr. Deidre Gifford, Commissioner Department of Social Services 55 Farmington Avenue Hartford, CT 06105

Dear Commissioner Gifford:

For your records, this is an approved copy of Connecticut's Alternative Benefit Plan (ABP) State plan amendment (SPA) CT 21-0036. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. CT.0627.R00.10) on December 29, 2021 meets all federal statutory and regulatory requirements for establishing an ABP.

The state submitted this SPA to update the Alternative Benefit Plan (ABP) to reflect the restoration of coverage for chiropractic services and addition of coverage for acupuncture services.

This SPA was approved on March 25, 2022 with an effective date of October 1, 2021.

Attached are copies of the approved Alternative Benefit Plan pages for incorporation into the Connecticut State plan.

If you have questions concerning this letter, please contact Marie DiMartino, Division of Program Operations (South Branch) at (617) 565-9157 or via e-mail at Marie.DiMartino@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

#### Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:		Connecticut	
Transmittal Number	:		
		in the format ST-YY-0000 where ST= the state abbreviation, $YY$ = the last two di	gits of the submission
	four digit number with le	eading zeros. The dashes must also be entered.	
CT-21-0036			
Proposed Effective I	ate		
10/01/2021	(mm/dd/yyyy)		
100000000000000000000000000000000000000	111111111111111111111111111111111111111		
E. J 1 C4. 44. /D	-1-41 C!4-41		
Federal Statute/Reg		(10)(A)(3)(A)(III), 1002(I-)(1) and 1027	
Social Security	Act Sections 1902(a)(	(10)(A)(i)(VIII); 1902(k)(1) and 1937	
Federal Budget Imp	act		
	Federal Fisca	d Year Amount	
First Year	2022	\$ 0.00	
Second Year	2023	\$ 0.00	
Second Tear			
Second Tear			
Subject of Amendme	ent		
Subject of Amendmo	er 1, 2021, SPA CT-21	1-0036 amends the Alternative Benefit Plan to reflect the restoration of	170
Subject of Amendmo	er 1, 2021, SPA CT-21	1-0036 amends the Alternative Benefit Plan to reflect the restoration of coverage for acupuncture services. This SPA corresponds to SPA	OT AL COOF
Subject of Amendmo	er 1, 2021, SPA CT-21		OT AL COOF
Subject of Amendmo Effective Octob for chiropractic	er 1, 2021, SPA CT-21 services and addition		170
Subject of Amendme Effective Octob for chiropractic Governor's Office R	er 1, 2021, SPA CT-21 services and addition of eview	of coverage for acupuncture services. This SPA corresponds to SPA	OT AL COOF
Subject of Amendmo Effective Octob for chiropractic  Governor's Office R  Governor	er 1, 2021, SPA CT-21 services and addition of eview r's office reported no	of coverage for acupuncture services. This SPA corresponds to SPA  o comment	OT AL COOF
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Subject of Amendme Effective Octobe for chiropractic  Governor's Office R Governo Comment Describe  No reply Other, as Describe  Signature of State A Submitted By:	er 1, 2021, SPA CT-21 services and addition of eview r's office reported not ats of Governor's office received within 45 descripted	of coverage for acupuncture services. This SPA corresponds to SPA o comment ice received days of submittal  Joel Norwood	CT-21-0035,
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	OMB Cor	ntrol Number: 093811
Attachment 3.1-L	OMB Exp	piration date: 10/31/20
Alternative Benefit Plan Populations		ABP
Identify and define the population that will participate in the Alternative Benefit Plan.		
Alternative Benefit Plan Population Name: Medicaid Coverage for the Lowest-Income I	Populations (MCLIP)	
Identify eligibility groups that are included in the Alternative Benefit Plan's population, and vargeting criteria used to further define the population.	which may contain in	dividuals that meet an
Eligibility Groups Included in the Alternative Benefit Plan Population:		
Eligibility Group:		Enrollment is mandatory or voluntary?
+ Adult Group	M	fandatory X
Enrollment is available for all individuals in these eligibility group(s).		
Geographic Area		
The Alternative Benefit Plan population will include individuals from the entire state/territory	Yes Yes	
Any other information the state/territory wishes to provide about the population (optional)		
PRA Disclosure Statement		
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a covalid OMB control number. The valid OMB control number for this information collection is		

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.20130724

TN: 21-0036 Approval Date: 3/25/22 Superseded TN: 21-0030 Effective Date: 10/1/2021



OMB Control Number: 09381148
OMB Expiration date: 10/31/2014

# Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

Connecticut has fully aligned the benefits in its ABP with its approved Medicaid state plan by selecting Secretary-approved coverage as its benchmark and using duplication and substitution for the EHB benefits in its base benchmark plan, Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP), and including remaining Medicaid state plan services as other 1937 covered benefits that are not EHBs.

#### 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.20130807

Page 1 of 1 Approval Date: 3/25/22 Effective Date: 10/1/2021

TN: 21-0036 Superseded TN: 21-0030



OMB Control Number: 09381148 Attachment 3.1-L-OMB Expiration date: 10/31/2014 Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3 Select one of the following: The state/territory is amending one existing benefit package for the population defined in Section 1. The state/territory is creating a single new benefit package for the population defined in Section 1. Name of benefit package: ABP for MCLIP Selection of the Section 1937 Coverage Option The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one): Benchmark Benefit Package. Benchmark-Equivalent Benefit Package. The state/territory will provide the following Benchmark Benefit Package (check one that applies): The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP). State employee coverage that is offered and generally available to state employees (State Employee Coverage): A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO): Secretary-Approved Coverage. The state/territory offers benefits based on the approved state plan. The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages. The state/territory offers the benefits provided in the approved state plan. Benefits include all those provided in the approved state plan plus additional benefits. Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope. The state/territory offers only a partial list of benefits provided in the approved state plan. The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits. Please briefly identify the benefits, the source of benefits and any limitations: The ABP benefits are the same as in and are from Connecticut's Medicaid state plan, and the limitations are the same as those in the state plan.

Approval Date: 3/25/22
Effective Date: 10/1/2021

TN: 21-0036 Superseded TN: 21-0030

Selection of Base Benchmark Plan



he state/territory must sel enchmark-Equivalent Pac	ect a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or ckage.
he Base Benchmark Plan	is the same as the Section 1937 Coverage option. No
Indicate which Bench	mark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:
C Largest plan	by enrollment of the three largest small group insurance products in the state's small group market.
Any of the lan	rgest three state employee health benefit plans by enrollment.
<ul> <li>Any of the land</li> </ul>	rgest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
C Largest insur	ed commercial non-Medicaid HMO.
Plan name:	BC and BS Service Benefit Plan - Basic Option
other Information Related	to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
	Secretary-approved coverage and the Blue Cross and Blue Shield Service Benefit Plan - Basic Option with the for MCLIP with the Connecticut Medicaid state plan.
	penefits in the Base Benchmark Plan have been accounted for throughout the benefit chart found in ABP5.
	racy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the

#### 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.20130801

Approval Date: 3/25/22 Effective Date: 10/1/2021

TN: 21-0036 Superseded TN: 21-0030



Attachment 3.1-L-	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Cost-Sharing	ABP4
Any cost sharing described in Attachment 4.18-A applies to the Al	ternative Benefit Plan.
Attachment 4.18-A may be revised to include cost sharing for ABP ser cost sharing must comply with Section 1916 of the Social Security Act	원경하고 있는데, 그렇게 하면 12 시간에 되었다. 이 사람들은 아이들은 12 시간에 되었다. 12 시간에 되었다면 하는데 12 시간에 되었다면 하는데 12 시간에 되었다면 하는데 12 시간에 되었다면 하는데 12 시간에 하는데 12 시간에 되었다면 하는데 12 시간에 되었다면 하는데 12 시간에 12
The Alternative Benefit Plan for individuals with income over 100% F Attachment 4.18-A.	PL includes cost-sharing other than that described in No
Other Information Related to Cost Sharing Requirements (optional):	
Connecticut does not require any cost-sharing in Attachment 4.18-A.	

#### 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.20130807

OMB Control Number: 09381148

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TN: 21-0036 Superseded TN: 21-0030



OMB Control Number: 09381148 Attachment 3.1-L-OMB Expiration date: 10/31/2014 **Benefits Description** ABP5 The state/territory proposes a "Benchmark-Equivalent" benefit package. No Benefits Included in Alternative Benefit Plan Enter the specific name of the base benchmark plan selected: Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP) Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved." Secretary-Approved

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Essential Health Benefit 1: Ambulatory patient servi	ices	Collapse All
Benefit Provided:	Source:	
Clinic Services: Ambulatory Surgery Center	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	ing the specific name of the source plan if it is not the base	e
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	ing the specific name of the source plan if it is not the base	e
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	<del></del>
See "Other information"	See "Other information"	
Scope Limit:		
Surgical services for morbid obesity, except as		

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

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

Benefit Provided:	Source:	
Certified Pediatric or Family Nurse Practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:		
Benefit Provided:	Source:	
Other Practitioner: Nurse Practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Benefit Provided:	Source: State Plan 1905(a)	Remove
		Remove

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Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includin benchmark plan:	g the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Clinic Services: Medical Clinics	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:		
Benefit Provided:  Clinic Services: Dialysis Clinics	Source:	D
	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includin benchmark plan:	g the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Clinic Services: Family Planning Clinics	State Plan 1905(a)	Remove

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Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
	the specific name of the source plan if it is not the base	
benchmark plan:		
enefit Provided:	Source:	
amily Planning Services and Supplies	State Plan 1905(a)	Remov
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:	(20)	
	male condoms (30) and spermicide (one) - may be	
exceeded with authorization		
exceeded with authorization enefit Provided:	Source:	
	Source: State Plan 1905(a)	Remov
enefit Provided:  Iedical and Surgical Services by a Dentist		Remov
enefit Provided:	State Plan 1905(a)	Remov
enefit Provided:  Medical and Surgical Services by a Dentist  Authorization:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remov
enefit Provided:  Medical and Surgical Services by a Dentist  Authorization:	State Plan 1905(a) Provider Qualifications:	Remov
enefit Provided:  Medical and Surgical Services by a Dentist  Authorization:  None  Amount Limit:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
enefit Provided:  Medical and Surgical Services by a Dentist  Authorization:  None  Amount Limit:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
enefit Provided:  Medical and Surgical Services by a Dentist  Authorization:  None  Amount Limit:  None  Scope Limit:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remov
enefit Provided:  Medical and Surgical Services by a Dentist  Authorization:  None  Amount Limit:  None  Scope Limit:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov

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Home Health Services - Nursing Svs		
Home Health Services - Nurshing Svs	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	
Scope Limit:		
Not covered: Services for well child care of	or for prenatal or postpartum care that is not high risk	
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
appropriate institution	han two visits per day and more than two days per week	
Benefit Provided:	Source:	
Podiatrist Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
	cluding the specific name of the source plan if it is not the base	
Other information regarding this benefit, in	cluding the specific name of the source plan if it is not the base  Source:	
Other information regarding this benefit, in benchmark plan:  enefit Provided:		Remove
Other information regarding this benefit, in benchmark plan:  enefit Provided:	Source:	Remove
Other information regarding this benefit, in benchmark plan:  Denefit Provided:  Dental Services (for Adults)	Source: State Plan 1905(a)	Remove
Other information regarding this benefit, in benchmark plan:  enefit Provided: Dental Services (for Adults)  Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Other information regarding this benefit, incommendation benchmark plan:  Genefit Provided:  Dental Services (for Adults)  Authorization:  Other	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Other information regarding this benefit, incommendation benchmark plan:  Genefit Provided:  Dental Services (for Adults)  Authorization:  Other  Amount Limit:	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove

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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, for 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

enefit Provided:	Source:	
ospice Care Services	State Plan 1905(a)	Remove
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 benchmark plan:	the specific name of the source plan if it is not the base	
Authorization required for inpatient hospice care at	fter five days	

Add

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Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Outpatient Hospital Services - Emergency Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan: Authorization required within two days of adm Benefit Provided:		
Other: Transportation - Ambulance	Source:	
Other: Transportation - Amounance	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_,,
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includ benchmark plan:	ing the specific name of the source plan if it is not the base	
		Add

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Essential Health Benefit 3: Hospitalization		
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	=8
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See "Other information"		
benchmark plan: Prior authorization required before ad	fit, including the specific name of the source plan if it is not the base mission for elective stays (i.e., all admissions that are neither	]
benchmark plan:  Prior authorization required before ad emergencies nor maternity).  Surgical services to treat morbid obes illness is caused by, or aggravated by	mission for elective stays (i.e., all admissions that are neither ity (defined by ICD) are limited to instances in which another medica the obesity, including illnesses of the endocrine system or cardio-	ı
benchmark plan:  Prior authorization required before ad emergencies nor maternity).  Surgical services to treat morbid obes illness is caused by, or aggravated by	mission for elective stays (i.e., all admissions that are neither ity (defined by ICD) are limited to instances in which another medica	1
benchmark plan:  Prior authorization required before ad emergencies nor maternity).  Surgical services to treat morbid obes illness is caused by, or aggravated by pulmonary system, or physical trauma	mission for elective stays (i.e., all admissions that are neither ity (defined by ICD) are limited to instances in which another medica the obesity, including illnesses of the endocrine system or cardio-associated with the orthopedic system.  when one of the following services or procedures are performed: resal	
benchmark plan:  Prior authorization required before ad emergencies nor maternity).  Surgical services to treat morbid obes illness is caused by, or aggravated by pulmonary system, or physical traum.  Inpatient hospital stay is not covered.  - Tuboplasty and sterilization reverse.  - Inpatient charges related to auto	mission for elective stays (i.e., all admissions that are neither ity (defined by ICD) are limited to instances in which another medica the obesity, including illnesses of the endocrine system or cardio-associated with the orthopedic system.  when one of the following services or procedures are performed: resal	
benchmark plan:  Prior authorization required before ad emergencies nor maternity).  Surgical services to treat morbid obes illness is caused by, or aggravated by pulmonary system, or physical traumation in the pulmonary system, or physical traumation in the pulmonary system is not covered a covered and in the pulmonary and sterilization reverse.  Inpatient charges related to auto a covered and in the pulmonary system.	mission for elective stays (i.e., all admissions that are neither  ity (defined by ICD) are limited to instances in which another medica the obesity, including illnesses of the endocrine system or cardio- associated with the orthopedic system.  when one of the following services or procedures are performed: real osy	

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Essential Health Benefit 4: Maternity and newbo	orn care	Collapse All
Benefit Provided:	Source:	
Freestanding Birth Center Svs	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan:	cluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Nurse Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	<del></del>
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	<del></del>
None	None	
Scope Limit:		
None		
Other information regarding this benefit, incoenchmark plan:	cluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Inpatient Hospital Services - Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		

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Prior authorization not required for mate	mity (labor and derivery) stays	
enefit Provided:	Source:	
Physician Services - Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	

Add

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	Essential Health Benefit 5: Mental health and substand behavioral health treatment	e use disorder services including	Collapse All 🗌
	Benefit Provided:	Source:	
	Inpatient Hospital Services - MH/SUD	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	- Sec
	Other	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		
	None		
	benchmark plan: -All admissions require prior authorization and co authorizations.	Source:	
	Outpatient Hospital Services - MH/SUD	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	1
	Other	Medicaid State Plan	
	Amount Limit:	Duration Limit:	1
	See "Other information"	None	
	Scope Limit:		,
	None		
	benchmark plan:	g the specific name of the source plan if it is not the base	_0
	medical necessity)	valuation per year per hospital (may be exceeded based on , psychological testing, and intensive outpatient services.	
	Benefit Provided:	Source:	-4/e
	Physician Services - MH/SUD	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	-0/4.5
	Other	Medicaid State Plan	1
-	-		<del></del>

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Amount Limit:	Duration Limit:	
See "Other information"	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
authorization or registration - Psychological testing, intensive outpatient servic (as do consultations and case management beyond	12 month period per provider for the same client (may be cessity)	
nefit Provided:	Source:	
inic Services: MH & SA Clinics	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
(may be exceeded based on medical necessity) - Services include routine outpatient, intensive ou	forming provider per episode of care for the same client	
nefit Provided:	Source:	
inic Services: Methadone Maintenance Clinics	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
One all-inclusive unit, per provider, per member,		

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Essential Health Benefit 6: Prescription drugs		
Benefit Provided:	_	
Coverage is at least the greater of one drug in each same number of prescription drugs in each categories.		[2] 보이면 보이면 보이면 보다 # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
∠ Limit on days supply	Yes	State licensed
Limit on number of prescriptions		<del></del>
☐ 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 Medicaid state plan for prescribed drugs.	g benefit plan is the sa	me as under the approved

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sential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All
Benefit Provided:	Source:	
Home Health Svs - Med Supplies, Equip & Appliances	State Plan 1905(a)	Remove
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 benchmark plan:  Quantity limits on a number of supplies including wind medical necessity	5 (5 C) - 18 (5 C) - 1	
Benefit Provided:	Source:	
Home Health Services - PT/OT/ST/Audiology	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	
Scope Limit:		
Not covered: Services for well child care or for pren-	atal or postpartum care that is not high risk	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	_
-Prior authorization (PA) required for more than nine diagnoses -PT/ST: PA required for more than one initial evaluat -OT: PA required for more than than one initial evaluation.	tion per year and more than two visits per week	
Benefit Provided:	Source:	
Orthopedic and Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	4 15.
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	

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Scope Limit:		
Replacement of a device is covered only if the devadequate due to a measurable change in the client	vice is lost, destroyed or is no longer medically usable or 's condition	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
-A number of orthotics and prosthetics require price -One hearing aid per ear every 3 years - may be ex -Two pairs of shoes per year - may be exceeded ba	ceeded based on medical necessity	
Benefit Provided:	Source:	
Clinic Services: Rehabilitation Clinics	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	See "Other information"	
Scope Limit:		
None		
benchmark plan: -Limit of one complete evaluation per year involvi client		
Benefit Provided:	Source:	
PT/OT/ST/ - Habilitative	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	See "Other information"	
Scope Limit:		
None		
benchmark plan:	the specific name of the source plan if it is not the base	
health agencies, and rehabilitation clinics) to people	ent and outpatient settings ( outpatient hospital, home	

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agencies, or rehabilitation clinic) would apply to the provision of the habilitative service.	
	Add

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Source:	
State Plan 1905(a)	Remove
Provider Qualifications:	<b>-</b>
Medicaid State Plan	
Duration Limit:	
None	
luding the specific name of the source plan if it is not the base	
quire prior authorization	
	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  luding the specific name of the source plan if it is not the base quire prior authorization

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Benefit Provided:	Source:	
Physician Services - Preventive and Wellness	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
United States Preventive Services Task Force recommended vaccines; preventive care and s by HRSA's Bright Futures program/project; a by the Institute of Medicine (IOM) and suppose Benefit Provided:  Preventive Services - Tobacco Counseling	Source: State Plan 1905(a)	Remov
This includes a broad range of preventive serv United States Preventive Services Task Force recommended vaccines; preventive care and s by HRSA's Bright Futures program/project; a by the Institute of Medicine (IOM) and suppo	; Advisory Committee for Immunization Practices (ACIP) creening for infants, children and adolescents recommended additional preventive services for women recommended rted by HRSA  Source:	Remov
This includes a broad range of preventive serve United States Preventive Services Task Force recommended vaccines; preventive care and set by HRSA's Bright Futures program/project; a by the Institute of Medicine (IOM) and suppose Benefit Provided:  Preventive Services - Tobacco Counseling  Authorization:	; Advisory Committee for Immunization Practices (ACIP) creening for infants, children and adolescents recommended additional preventive services for women recommended rted by HRSA  Source:  State Plan 1905(a)  Provider Qualifications:	Remov

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ssential Health Benefit 10: Pediatric services including oral and vision care  Col		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	<b>=</b> .0
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includenchmark plan:	luding the specific name of the source plan if it is not the base	_
The state of the s	-emergency dental services; however, prior authorization not iagnostic, prevention, basic restoration procedures, nonsurgical	
		Add

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Other Covered Benefits from Base Benchmark	Collapse All

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☐ Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All
Base Benchmark Benefit that was Substituted:  Outpatient Hospital or Ambulatory Surgical Center  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a), Clinic Services: Ambulatory Surgery Center (9.a) and Clinic Services: Dialysis Clinics (9.b) in EHB 1: Ambulatory patient services  The Connecticut Medicaid state plan benefit is similar in amount, duration, and scope to the base benchmark benefit.	ion
Base Benchmark Benefit that was Substituted:  Treatment Therapies  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services (Treatment Therapies include, for example, chemo and radiation therapy, renal dialysis and outpatient cardiac rehab)	ion
Base Benchmark Benefit that was Substituted:  Diagnostic and Treatment Services  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a), Certified Pediatric or Family Nurse Practitioner (23), Other Practitioner: Nurse Practitioner (6.d), Other Practitioner Physician Assistant (6.d), and Clinic Services: Medical Clinics (9.d) in EHB 1: Ambulatory patient services	r:
Base Benchmark Benefit that was Substituted:  Allergy Care  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1:  Ambulatory patient services	Remove
Base Benchmark Benefit that was Substituted:  Anesthesia  Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1:  Ambulatory patient services	Remove

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Base Benchmark Benefit that was Substituted:	Source:	
Surgical Procedures	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Esse		
Duplication: Covered under the Connecticut Medicai Ambulatory patient services	d state plan as Physician Services (5.a) in EHB 1:	
	mparable because the prior authorization requirements ctive. Services excluded from the Medicaid state plan enefit.	
Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Family Planning	Buse Benefithan	Remove
1937 benchmark benefit(s) included above under Esse		
Duplication: Covered under the Connecticut Medicai (4.c) and Clinic Services: Family Planning Clinics (9	d state plan as Family Planning Services and Supplies .c) in EHB 1: Ambulatory patient services	
While under the Connecticut Medicaid state plan auth supplies in excess of the specified limit, these supplies	horization is required to obtain certain family planning es are not covered by the base benchmark plan.	
Base Benchmark Benefit that was Substituted:	Source:  Base Benchmark	
Oral and Maxillofacial Surgery	Dase Benefiliark	Remove
Explain the substitution or duplication, including indi- 1937 benchmark benefit(s) included above under Esse	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication: Covered under the Connecticut Medicai Dentist (5.b) and Physician Services (5.a) in EHB 1:		
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Services	Base Benchmark	Remove
Explain the substitution or duplication, including indi- 1937 benchmark benefit(s) included above under Esse	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication: Covered under the Connecticut Medicai (7.a) in EHB 1: Ambulatory patient services	d state plan as Home Health Services - Nursing Svs	
The base benchmark benefit is more limited in amount state plan benefit. The base benchmark benefit is limited.	nt, duration, and scope than the Connecticut Medicaid ited to 25 visits per year, up to two hours per visit.	
Base Benchmark Benefit that was Substituted:	Source:	
Foot Care	Base Benchmark	Remove
Explain the substitution or duplication, including indi- 1937 benchmark benefit(s) included above under Esse	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication: Covered under the Connecticut Medicai Ambulatory patient services.	d state plan as Podiatrist Services (6.a) in EHB 1:	

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Base Benchmark Benefit that was Substituted:	Source:	
Education Classes and Programs	Base Benchmark	Remove
Explain the substitution or duplication, including indication of the substitution or duplication, including indications are supplications. This benefit includes tobacco cessation as under the Connecticut Medicaid state plan as Preventive and wellness services and chronic disease reconnecticut Medicaid state plan as Physician Services.	ntial Health Benefits: and diabetic counseling. Tobacco cessation covered we Services - Tobacco Counseling (13.c) in EHB 9: management. Diabetic counseling covered under the	
Base Benchmark Benefit that was Substituted:  Alternative Treatments - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esser Duplication: Since this benefit only includes acupunct	ntial Health Benefits: ure by a physician, it is covered under the	
Connecticut Medicaid state plan as Physician Services  Base Benchmark Benefit that was Substituted:	Source:	
Chiropractic and Manipulative Treatment - Sub	Base Benchmark	Remove
Explain the substitution or duplication, including indice 1937 benchmark benefit(s) included above under Esser Substitution: Chiropractic was mapped to EHB 1: Am Adults) (10) from Connecticut's Medicaid state plan was supported by the connecticut of the connec	ntial Health Benefits: bulatory patient services; Dental Services (for	
Base Benchmark Benefit that was Substituted:  Infertility Services - Duplication & Substitution	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indication of the substitution of duplication, including indication of the substitution: Infertility Services was madiagnosis of infertility is covered by the Connecticut of Dental Services (for Adults) (10) from Connecticut's of treatment of infertility (which does not include ART processing the substitution of t	ntial Health Benefits:  apped to EHB 1: Ambulatory patient services; the Medicaid state plan as Physician Services (5.a) and Medicaid state plan was used as a substitute for	
Base Benchmark Benefit that was Substituted:	Source:	
Manipulative Treatment - Physician	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esser Duplication: Manipulative Treatment by a physician is as Physician Services (5.a) in EHB 1: Ambulatory patients	ntial Health Benefits: s covered under the Connecticut Medicaid state plan	
Base Benchmark Benefit that was Substituted: Accidental Injury	Source: Base Benchmark	Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Connecticut Medicaid state plan as 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 Source: Base Benchmark Benefit that was Substituted: Base Benchmark Medical Emergency Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services -Emergency Care (2.a) in EHB 2: Emergency services; Outpatient Hospital Services (2.a) and Physician Services (5.a) in EHB 1: Ambulatory patient services, and Inpatient Hospital Services (1) in EHB 3: Hospitalization Source: Base Benchmark Benefit that was Substituted: Base Benchmark Ambulance Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Connecticut Medicaid state plan as Other: Transportation - Ambulance (24.a.1) in EHB 2: Emergency services Source: Base Benchmark Benefit that was Substituted: Base Benchmark Inpatient Hospital Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in amount, duration, and scope to the base benchmark benefit. Benefits for surgery related to morbid obesity are comparable because the prior authorization requirements associated with the base benchmark benefit are restrictive. Services excluded from the Medicaid state plan are similar to the exclusions in the base benchmark benefit. Base Benchmark Benefit that was Substituted: Source: Base Benchmark Organ/Tissue Transplants Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Connecticut Medicaid state plan as Inpatient Hospital Services (1) in EHB 3: Hospitalization The 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.

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Base Benchmark Benefit that was Substituted:	Source:	
Reconstructive Surgery	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Es		
Duplication: Covered under the Connecticut Medic 3: Hospitalization (neither base benchmark nor Medical Connecticut Medical Co	eaid state plan as Inpatient Hospital Services (1) in EHB dicaid covers cosmetic surgery)	
	duration, and scope to the Medicaid state plan benefit. thorization requirements for reconstructive surgery are rements under the benchmark plan benefit.	
Base Benchmark Benefit that was Substituted:	Source:	
Maternity Care	Base Benchmark	Remove
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under Es	dicating the substituted benefit(s) or the duplicate section ssential Health Benefits:	
Duplication: Covered under the Connecticut Medic Inpatient Hospital Services - Maternity (1), Physicis Svs (28) and Nurse Mid-Wife Services (17), all in I	an Services - Maternity (5.a), Freestanding Birth Center	
Base Benchmark Benefit that was Substituted:	Source:	
Lab, X-Ray and Other Diagnostic Tests	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Es		
Duplication: Covered under the Connecticut Medic EHB 8: Laboratory services	eaid state plan as Other Laboratory and X-Ray (3) in	
Base Benchmark Benefit that was Substituted: Hospice Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including included above under Es	dicating the substituted benefit(s) or the duplicate section	
	eaid state plan as Hospice Care Services (18) in EHB 1:	
Base Benchmark Benefit that was Substituted:  Durable Medical Equipment (DME)	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above under Es		
Duplication: Covered under the Connecticut Medic Supplies, Equipment and Appliances (7.c.) in EHB	7: Rehabilitative and habilitative services and devices	
		•
Base Benchmark Benefit that was Substituted:  Hearing Services (testing, trtmt and supplies)	Source: Base Benchmark	Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB1: Ambulatory patient services and Rehabilitation Clinics (9.g.) in EHB 7: Rehabilitative and habilitative services and devices; Physician Services (5.a) in EHB 1: Ambulatory patient services  The base benchmark plan does not cover routine hearing tests for adults.	
Base Benchmark Benefit that was Substituted:  Medical Supplies  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Home Health Services - Medical Supplies, Equipment and Appliances (7.c.) in EHB 7: Rehabilitative and habilitative services and devices	
Base Benchmark Benefit that was Substituted:  Orthopedic and Prosthetic Devices  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Orthopedic and Prosthetic Devices (12.c.) in EHB 7: Rehabilitative and habilitative services and devices  The state believes that coverage of orthopedic and prosthetic devices, including hearing aids is comparable to the Connecticut Medicaid state plan although the coverage of specific items (e.g., shoes and wigs) may vary.	
Base Benchmark Benefit that was Substituted:  PT, OT, ST and Cognitive Therapy  Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:  Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services and Home Health Services - PT/OT/ST/Audiology (7.d.) and Rehabilitation Clinics (9.g.) in EHB 7: Rehabilitative and habilitative services and devices  The base benchmark benefit is more limited in amount, duration, and scope than the Medicaid state plan benefit. The base benchmark benefit only allows 50 PT/OT/ST visits combined per calendar year whereas the Medicaid state plan allows 86 treatments per month, which can be exceeded based on a determination of medical necessity.	

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:

Base Benchmark Benefit that was Substituted:

Inpatient Hospital or Other Covered Facility

Source:

Base Benchmark

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

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Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Hospital or Other Covered Facility	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Esse		
Duplication: Covered under the Connecticut Medicaid MH/SUD (2.a), Clinic Services: MH and SA Clinics (Clinics (9.f) in EHB 5: MH and SUD services  Certain Medicaid limits may be exceeded based on m the base benchmark plan through claims processing.		
Base Benchmark Benefit that was Substituted:	Source:	
Professional Services	Base Benchmark	Remove
Explain the substitution or duplication, including indication, including indication, including indication, included above under Esse	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication: Covered under the Connecticut Medicaio MH/SUD (2.a), Physician Services - MH/SUD (5.a) a 5: MH and SUD services		
Certain Medicaid limits may be exceeded based on mexist in the base benchmark plan through claims process.		
Base Benchmark Benefit that was Substituted:  Covered Medications and Supplies	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse Duplication: Covered under the Connecticut Medicaio Prescription drugs		
Base Benchmark Benefit that was Substituted:  Preventive Care, Adult	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse Duplication: Covered under the Connecticut Medicaio Wellness (5.a) in EHB 9: Preventive and wellness ser	d state plan as Physician Services - Preventive and	
Base Benchmark Benefit that was Substituted: Preventive Care, Children	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indices 1937 benchmark benefit(s) included above under Essential Duplication: Covered under the Connecticut Medicaio Wellness (5.a) in EHB 9: Preventive and wellness ser (4.b) in EHB 10: Pediatric services including oral and	d state plan as Physician Services - Preventive and vices and chronic disease management and EPSDT	

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X	Other Base Benchmark Benefits Not Covered		Collapse All
	Base Benchmark Benefit not Included in the Alternative Benefit Plan:  Vision Services (testing, treatment, and supplies)	Source: Base Benchmark	Remove
	Explain why the state/territory chose not to include thi	is benefit:	
	Routine non-pediatric eye exam services are an excep	ted benefit pursuant to 45 CFR 156.115(d)	
	Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
	Dental Benefit		
	Explain why the state/territory chose not to include thi	is benefit:	
	Non-pediatric dental services are an excepted benefit	pursuant to 45 CFR 156.115(d)	
			Add

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Other 1937 Covered Benefits that are not Esser	ntial Health Benefits	Collapse All
Other 1937 Benefit Provided: Optometrist Services (for Adults)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		7
Other:		_
		7
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Dental Hygienist	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See "Other"	See "Other"	
Scope Limit:		_
See "Other"		
Other:		_
- Limits for Dental Services apply (see "Deservices)	ental Services (for Adults)" in EHB 1: Ambulatory patient	
Other 1937 Benefit Provided:	Source:	
Dentures	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See "Other"	See "Other"	
Scope Limit:		_
-	limited to once every seven years, except if medically necessary	7

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Other:		
other 1937 Benefit Provided:	Source:	
Other Medical Care: Non-Emergency Transportation	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Brokered transportation		
Other 1937 Benefit Provided:	Source:	
Eyeglasses	Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other"	See "Other"	
Scope Limit:		
None		
Other:		
	er per two year period unless it is medically necessary	
because of a change in the client's medical condition		
Other 1937 Benefit Provided:	Source:	
FQHCs	Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other" re dental services	None	

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Scope Limit:		
See "Other" re dental services		
Other:		
Limits for Dental Services apply to dental services in EHB 1: Ambulatory patient services) Connecticut does not have any Rural Health Clinics	provided by FQHCs (see "Dental Services (for Adults)" s (RHCs)	
Other 1937 Benefit Provided:	Source:	
Home Health Services - Home Health Aide Svs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Not covered: Services for well child care or for pre	enatal or postpartum care that is not high risk	
Other:		
-The cost of services provided by the home health a appropriate institution -Prior authorization required for more than 14 hours	agency may not exceed the cost if the client were in the s per week	
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Naturopath	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
_	Tricalcula State I lan	
Amount Limit:	Duration Limit:	
Amount Limit:  None		
	Duration Limit:	
None	Duration Limit:	
None Scope Limit:	Duration Limit:	
None Scope Limit: Only for clients under age 21	Duration Limit:    None	
None Scope Limit: Only for clients under age 21 Other:	Duration Limit:    None	
None  Scope Limit: Only for clients under age 21  Other: -Authorization required for more than five visits per	Duration Limit:    None	Remove
None Scope Limit: Only for clients under age 21 Other: -Authorization required for more than five visits per Other 1937 Benefit Provided:	Duration Limit:  None  r month to the the same provider  Source: Section 1937 Coverage Option Benchmark Benefit	Remove

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Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other: Only for services described in the IEP and otherwise of Medicaid State Plan No other authorization required	coverable under Section 1905(a), as specified in the	
Other 1937 Benefit Provided:	Source:	
TCM for Clients with Chronic Mental Illness	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Nursing Facility Services	Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
ICF/IID fka ICF/MR Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove

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Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
Independent Therapies	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		
Prior authorization requirements for PT/S'	Γ/OT/Audiology as described in EHB 7: Rehabilitative and	
Habilitative services and devices - Home	Health Services	
Other 1937 Benefit Provided:	Source:	
Rehab Services: PNMI for Adults	Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	Kelliove
Authorization: Prior Authorization	Provider Qualifications:  Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		

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Other 1937 Benefit Provided:  Rehab Services: PNMI for Children	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		
Other 1937 Benefit Provided:	Source:	
Rehab Services: Psychiatric Svs to Children	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		
-Must be an approved rehabilitative model -Requires registration For the IIACPS (Intensive In-Home, Child and A authorization is required in specified circumstance)	dolescent Psychiatric Services) model only, concurrent es	
Other 1937 Benefit Provided:	Source:	
Inpatient Psychiatric Facility Svs for Under 21	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21, except up to 22 as	provided in 42 CFR 441.151(a)(3)	

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Other:		
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Professional Counselor Svs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Prior authorization required only for psychiatric diag	nostic evaluation.	
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Licensed ADC Svs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Prior authorization required only for psychiatric diag	nostic evaluation.	
Other 1937 Benefit Provided:	Source:	
Other Pract: Licensed Marital & Family Therapist	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

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Scope Limit:		
None		
Other:		
Prior authorization required only for psychiatric diag	gnostic evaluation.	
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Psychologist	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
	· · · · · · · · · · · · · · · · · · ·	
Other: Prior authorization required only for psychiatric diag	gnostic evaluation and psychological testing.	
Prior authorization required only for psychiatric diag	gnostic evaluation and psychological testing.  Source:	
		Remove
Prior authorization required only for psychiatric diagonal control of the Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Prior authorization required only for psychiatric diagonal control of the Provided:  Licensed Clinical Social Worker	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Prior authorization required only for psychiatric diagonal Prior authorization required require	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Prior authorization required only for psychiatric diagonal content of the psychiatric diagonal content	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan	Remove
Prior authorization required only for psychiatric diagonal Content 1937 Benefit Provided: Licensed Clinical Social Worker  Authorization: Other  Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Prior authorization required only for psychiatric diagonal content of the psychiatric diagonal content	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Prior authorization required only for psychiatric diagonal content of the psychiatric diagonal content	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Prior authorization required only for psychiatric diagonal Content 1937 Benefit Provided: Licensed Clinical Social Worker  Authorization: Other  Amount Limit: None Scope Limit: None	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove
Prior authorization required only for psychiatric diagonal content of the psychiatric diagonal content	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  gnostic evaluation.	Remove
Prior authorization required only for psychiatric diagonal content of the psychiatric diagonal content	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	
Prior authorization required only for psychiatric diagonal Content 1937 Benefit Provided: Licensed Clinical Social Worker  Authorization: Other  Amount Limit: None Scope Limit: None Other: Prior authorization required only for psychiatric diagonal Content 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit: None  Source: Section 1937 Coverage Option Benchmark Benefit	Remove

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Amount Limit:

## **Alternative Benefit Plan**

**Duration Limit:** 

None	None	
Scope Limit:		
Only for Medicaid beneficiaries under age twenty-	one.	
Other:		
summary of key provisions in Attachment 3.1-A inc - Medical / physical evaluation covered under the or federally qualified health center or clinic State Plan - Comprehensive diagnostic evaluation is covered u practitioner, federally qualified health center or clin - Behavior assessment, development of the plan of chenefit in the preventive services State Plan benefit - Medical/physical evaluation, comprehensive diagraplan of care required before receiving ASD treatment - Board Certified Behavior Analyst (BCBA) or species revices and must supervise all ASD treatment services.	atpatient hospital, physician, other licensed practitioner, benefit category, as applicable. Inder the outpatient hospital, physician, other licensed ic State Plan benefit category, as applicable. It is are, and ASD treatment services covered under this category. It is evaluation, behavior assessment, and behavioral int services. It is independent of the provides ASD treatment is provided by Board Certified Assistant Behavior field licensed practitioner also provides observation and	
The effective date of these services are the same as	what is approved in the underlying SPA 15-004.  Source:	
her 1937 Benefit Provided: CM for Clients with Developmental Disabilities	Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
TCM for Clients with Developmental Disabilities is Attachment 3.1-A(1), Pages 1 through 6.	detailed in the Medicaid State Plan in Supplement 1 to	
her 1937 Benefit Provided:	Source:	
ommunity First Choice Pursuant to Section 1915(k)	Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Attachment 3.1-K	None	

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Other:		
See Attachment 3.1-K for details regarding this beneservice components, limits, and provider information	efit (created through approved SPA 15-012), including n.	
her 1937 Benefit Provided: chavioral Health Homes Pursuant to Section 1945	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remov
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Attachment 3.1-H	None	
Scope Limit:		
See Attachment 3.1-H		
Other:		
components, limits, and provider information.  ther 1937 Benefit Provided:  ther Medical Care: Integrated Care Models - PCMH+	Source: Section 1937 Coverage Option Benchmark Benefit	Remov
	Practice Overlies actions	Kelliov
Authorization:	Provider Qualifications:  Medicaid State Plan	
Out	I Ilyledicald State Plan	
Other		
Amount Limit:	Duration Limit:	
Amount Limit:  None  Scope Limit:	Duration Limit:	
Amount Limit: None	Duration Limit:	
Amount Limit:  None  Scope Limit:  See Attachment 3.1-A.  Other:	Duration Limit:    None	
Amount Limit:  None  Scope Limit:  See Attachment 3.1-A.  Other:  As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit catego includes the provision of primary care case manager Security Act.  See Attachment 3.1-A for details regarding this benefit.	Duration Limit:  None  Pered Medical Home Plus (PCMH+) is an integrated care ry in section 1905(a)(29) of the Social Security Act and ment services as defined in section 1905(t) of the Social effit (created through SPA 17-0002), including service	
Amount Limit:  None  Scope Limit:  See Attachment 3.1-A.  Other:  As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit categorincludes the provision of primary care case manager Security Act.	Duration Limit:  None  Pered Medical Home Plus (PCMH+) is an integrated care ry in section 1905(a)(29) of the Social Security Act and ment services as defined in section 1905(t) of the Social effit (created through SPA 17-0002), including service	
Amount Limit:  None  Scope Limit:  See Attachment 3.1-A.  Other:  As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit catego includes the provision of primary care case manager Security Act.  See Attachment 3.1-A for details regarding this benefit.	Duration Limit:  None  Pered Medical Home Plus (PCMH+) is an integrated care ry in section 1905(a)(29) of the Social Security Act and ment services as defined in section 1905(t) of the Social effit (created through SPA 17-0002), including service	

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Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Attachment 3.1-A		
Scope Limit:		
See Attachment 3.1-A		
Other:		
As described in Attachment 3.1-A, Medication-Assist required pursuant to section 1905(a)(29) of the Social Substance Use-Disorder Prevention that Promotes Op Patients and Communities Act (Pub. L. No. 115-271). October 1, 2020 through September 30, 2025. All of previously covered under other applicable benefit cate	Security Act, as added by Section 1006(b) of the ioid Recovery and Treatment (SUPPORT) for . That federal law provision is currently in effect from the services covered under this benefit category were	
See Attachment 3.1-A for details regarding this benef provider qualifications, service components, and limit		
The state makes the following assurances:		
MAT is provided as defined in the approved state plan B pages.	n Attachment 3.1-A and if applicable, Attachment 3.1-	
MAT is provided in accordance with 1905(a)(29) for September 30, 2025.	the period beginning October 1, 2020, and ending	
Other 1937 Benefit Provided:	Source:	
CT Housing Engagement and Support Services (CHESS)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Attachment 3.1-i		
Scope Limit:		
See Attachment 3.1-i		
Other:		
Security Act. The purpose of CHESS is to improve h	rvices benefit pursuant to section 1915(i) of the Social ousing stability and health outcomes for a targeted set itions, have experienced homelessness, and have been	
See Attachment 3.1-i for details regarding this benefit needs-based criteria, targeting criteria, service compo		

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Other 1937 Benefit Provided: Other Licensed Practitioner: Acupuncture Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A of the Medicaid State Plan for Other 1937 Benefit Provided:	Source:	
Other Licensed Practitioner: Chiropractor Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Scope limited pursuant to 42 CFR 440.60(b). See	Attachment 3.1-A of the Medicaid State Plan for details.	
Other:		
See Attachment 3.1-A of the Medicaid State Plan fo	or details.	
		Add

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Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All
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#### 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

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Attachment 3.1-L-OMB Expiration date: 10/31/2014 **Benefits Assurances** ABP7 EPSDT Assurances If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below. The alternative benefit plan includes beneficiaries under 21 years of age. Prescription Drug Coverage Assurances The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark. The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered. The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act. The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act. Other Benefit Assurances The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS. The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act. The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act. The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act. The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan. The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section. The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.

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Effective Date: 10/1/2021

OMB Control Number: 09381148



The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits 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).

#### 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.20130807

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	OMB Control Number, 09381148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
Service Delivery Systems	ABP8
Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit P benchmark-equivalent benefit package, including any variation by the participants' geographic area.	Plan's benchmark benefit package or
Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).	
Select one or more service delivery systems:	
Managed care.	
☐ Fee-for-service.	
Other service delivery system.	
Fee-For-Service Options	
Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an organization:	administrative services
C Traditional state-managed fee-for-service	
<ul> <li>Services managed under an administrative services organization (ASO) arrangement</li> </ul>	
Please describe this fee-for-service delivery system, including any bundled payment arrangements service care management models/non-risk, contractual incentives as well as the population served	
The Department contracts with three Administrative Services Organizations to provide a manage The ASOs manage medical, dental and behavioral health services. The Medical ASO supports a program and also provides intensive case management. All services are provided by the Department Medicaid beneficiaries are served by this delivery system.	person-centered medical home
Additional Information: Fee-For-Service (Optional)	
Provide any additional details regarding this service delivery system (optional):	

#### PRA Disclosure Statement

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V.20130718

OMD Control Nambou 00201140

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State Name: Connecticut	Attachment 3.1-L-	OMB Control Number:	09381148
Transmittal Number: <u>CT - 21 - 0036</u>			
<b>Employer Sponsored Insurance and Payment of Pre</b>	miums		ABP9
The state/territory provides the Alternative Benefit Plan through th with such coverage, with additional benefits and services provided Package.			No
The state/territory otherwise provides for payment of premiums.			No
Other Information Regarding Employer Sponsored Insurance or Pa	syment of Premiums:		

#### 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.20160722

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OMB Control Number: 09381148 Attachment 3.1-L OMB Expiration date: 10/31/2014 General Assurances ABP10 **Economy and Efficiency of Plans** The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained. Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services. Yes Compliance with the Law The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title. The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e). The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

#### 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.20130807

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Effective Date: 10/1/2021



	OMB Control Number: 09381148
Attachment 3.1-L	OMB Expiration date: 10/31/2014
Payment Methodology	ABP11
Alternative Benefit Plans - Payment Methodologies	
The state/territory provides assurance that, for each benefit provided managed care, it will use the payment methodology in its approved 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology.	
An attachmen	t is submitted.

#### 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.

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