Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 22-0011

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

June 21, 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 Massachusetts's Alternative Benefit Plan (ABP) State plan amendment (SPA) CT 22-0011. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. CT.0627 R00.11) on March 30, 2022 meets all federal statutory and regulatory requirements for establishing an ABP.

The state submitted this SPA to update the Alternative Benefit Plan (ABP) to implement mandatory coverage of routine patient costs furnished in qualifying clinical trials, as required by sections 1905(a)(30) and 1905(gg) of the Social Security Act.

This SPA was approved June 6, 2022 with an effective date of January 1, 2022.

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)

	:: ansmittal Number (TN) in the form	necticut at ST - YY - 0000 where ST - the state abbreviation, YY - the last two digits of the state dashes must also be entered.	he submission
Proposed Effective I	Date (mm/dd/yyyy)		
	1222		
Federal Statute/Reg		VVIII): 1002(EV1): 1005(a)(20): 1005(aa): and 1027	
Social Security	Act Sections 1902(a)(10)(A)(1))(VIII); 1902(k)(1); 1905(a)(30); 1905(gg); and 1937	
Federal Budget Imp	act		
	Federal Fiscal Year	Amount	
First Year	2022	\$ 0.00	
Second Year	2023	\$ 0.00	
Subject of Amendm	ent		
		nends the Alternative Benefit Plan to implement mandatory coverage nical trials, as required by sections 1905(a)(30) and 1905(gg) of the	
C			
Governor's Office R		ent	
Governo	or's office reported no comme nts of Governor's office receiv		
Governo Comme	or's office reported no comme nts of Governor's office receiv		//
© Governo Comme Describe	or's office reported no comme nts of Governor's office receiv	ved	//
Governo Commen Describe No reply	or's office reported no comments of Governor's office received within 45 days of suspecified	ved	//
Governo Commen Describe No reply Other, a	or's office reported no comments of Governor's office received within 45 days of suspecified	ved	
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Governo Comment Describe No reply Other, a Describe	or's office reported no comments of Governor's office receives: Treceived within 45 days of sustained in the comments of the	ubmittal	



Attachme	ent 3.1-L-		OMB	Expiration date: 10/31/2014
Alterna	tive Ben	efit Plan Populations		ABP1
Identify a	and define t	the population that will parti	cipate in the Alternative Benefit Plan.	
Alternativ	ve Benefit	Plan Population Name:	Medicaid Coverage for the Lowest-Income Populations (MCI	LIP)
_		groups that are included in the	ne Alternative Benefit Plan's population, and which may contain lation.	n individuals that meet any
Eligibility	Groups Ir	ncluded in the Alternative Bo	enefit Plan Population:	
			Eligibility Group:	Enrollment is mandatory or voluntary?
+	Adult Gro	oup		Mandatory X
Enrollme	nt is availa	ble for all individuals in the	se eligibility group(s).	
Geograp	hic Area			
The Alter	native Ben	efit Plan population will inc	lude individuals from the entire state/territory.	
Any othe	r informati	on the state/territory wishes	to provide about the population (optional)	
		1.5.1	PRA Disclosure Statement	
According	g to the Pai	perwork Reduction Act of 1	995 no persons are required to respond to a collection of inform	mation 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

V.20130724

OMB Control Number: 09381148

TN: 22-0011 Approval Date: 06/06/2022 Superseded TN: 21-0036 Effective Date: 01/01/2022

Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



OMB Control Number: 09381148
Attachment 3.1-LOMB 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

TN: 22-0011 Superseded TN: 21-0036



Attachment 3.1-L	- 🗆			rol Number: 0938114 ation date: 10/31/201
		efit Package or Benchmark-Equ		ABP3
Select one of the fo	ollowing:			
○ The state/	territory is amend	ing one existing benefit package for the p	population defined in Section 1.	
The state/	territory is creatin	g a single new benefit package for the po	pulation defined in Section 1.	
Name of	benefit package:	ABP for MCLIP		
Selection of the Se	ection 1937 Cove	rage Option		
		ion 1937 Coverage option the following this Alternative Benefit Plan (check one):	type of Benchmark Benefit Package or	Benchmark-
Benchmark	Benefit Package.			
(Benchmark	t-Equivalent Bene	fit Package.		
The state/	territory will prov	ide the following Benchmark Benefit Pac	ckage (check one that applies):	
	The Standard Blue Program (FEHBP)	Cross/Blue Shield Preferred Provider Op	ption offered through the Federal Emplo	oyee Health Benefit
O 8	State employee co	verage that is offered and generally availa	able to state employees (State Employe	e Coverage):
1 VSS 1 7	A commercial HM HMO):	O with the largest insured commercial, n	on-Medicaid enrollment in the state/ter	ritory (Commercial
	Secretary-Approve	d Coverage.		
(The state/terri	ory offers benefits based on the approve	d state plan.	
(ory offers an array of benefits from the ses, or the approved state plan, or from a		
	C The state/	territory offers the benefits provided in the	he approved state plan.	
	O Benefits i	nclude all those provided in the approved	d state plan plus additional benefits.	
	O Benefits a	re the same as provided in the approved	state plan but in a different amount, du	ration and/or scope.
	C The state/	territory offers only a partial list of benef	fits provided in the approved state plan.	
	C The state/	territory offers a partial list of benefits pr	rovided in the approved state plan plus	additional benefits.
Ú	Please briefly iden	tify the benefits, the source of benefits a	nd any limitations:	
	The ABP benefits same as those in t	are the same as in and are from Connect he state plan.	ticut's Medicaid state plan, and the limit	tations are the
Selection of Base	Benchmark Plan			

TN: 22-0011 Superseded TN: 21-0036



The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.
The Base Benchmark Plan is the same as the Section 1937 Coverage option. No
Indicate which Benchmark 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 largest three state employee health benefit plans by enrollment.
Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
C Largest insured 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):
Connecticut selected the Secretary-approved coverage and the Blue Cross and Blue Shield Service Benefit Plan - Basic Option with the goal of aligning the ABP for MCLIP with the Connecticut Medicaid state plan. The state assures that all benefits in the Base Benchmark Plan have been accounted for throughout the benefit chart found in ABP5. The state assures the accuracy 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

TN: 22-0011 Superseded TN: 21-0036

currently approved Medicaid state plan.



Attachment 3.1-L
Alternative Benefit Plan Cost-Sharing

ABP4

ABP4

Applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

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

TN: 22-0011 Superseded TN: 21-0036



	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-App Approved."	proved. Otherwise, enter "Secretary-
Secretary-Approved	



Essential Health Benefit 1: Ambulatory patient services		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, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-1 ()
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	See "Other information"	
Scope Limit:		_
Surgical services for morbid obesity, except as descr	ibed in "Other information"	

TN: 22-0011 Superseded TN: 21-0036



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:	g the specific name of the source plan if it is not the base	
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:	
	State Plan 1905(a)	Remove
Other Practitioner: Physician Assistant		
Other Practitioner: Physician Assistant Authorization:	Provider Qualifications:	

Superseded TN: 21-0036 Effective Date: 01/01/2022



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	e 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		
Other information regarding this benefit, including the benchmark plan:	a specific fiame of the source plan if it is not the base	
Benefit Provided:	Source:	
Clinic Services: Dialysis Clinics	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 the benchmark plan:	e 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



Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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	
oenemaak plan.		
Benefit Provided:	Source:	
Family Planning Services and Supplies	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	
Monthly quantity limits for male condoms (36), fer exceeded with authorization	male condoms (30) and spermicide (one) - may be	
Benefit Provided:	Source:	
Medical and Surgical Services by a Dentist	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:	the specific name of the source plan if it is not the base	



Benefit Provided:	Source:	
Home Health Services - Nursing 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 or	for prenatal or postpartum care that is not high risk	
Other information regarding this benefit, incl benchmark plan:	luding the specific name of the source plan if it is not the base	
appropriate institution	health agency may not exceed the cost if the client were in the	
-Authorization required for services more that	an 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		
Other information regarding this benefit, incl benchmark plan:	luding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Dental Services (for Adults)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	See "Other information"	
Scope Limit:		
See "Other information"		
Other information regarding this benefit, incl benchmark plan:	luding the specific name of the source plan if it is not the base	
See Attachment 3 1-A for details In brief, a	summary of limits is as follows: Prior authorization required Approval Date: 06/06/2022	
Superseded TN: 21-0036	Approval Date: 06/06/2022 Effective Date: 01/01/2022	



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

Source:	
State Plan 1905(a)	Remove
Provider Qualifications:	-
Medicaid State Plan	
Duration Limit:	_
None	
he specific name of the source plan if it is not the base	_
ter five days	
	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:

Add



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		
Authorization required within two days of admiss	- Company	
Benefit Provided:	Source:	
Other: Transportation - Ambulance	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	
		Add



ssential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See "Other information"		
benchmark plan:	, including the specific name of the source plan if it is not the base ission for elective stays (i.e., all admissions that are neither	7
benchmark plan: Prior authorization required before admensergencies nor maternity). Surgical services to treat morbid obesity illness is caused by, or aggravated by, to	ission for elective stays (i.e., all admissions that are neither y (defined by ICD) are limited to instances in which another medica he obesity, including illnesses of the endocrine system or cardio-	1
benchmark plan: Prior authorization required before admemergencies nor maternity). Surgical services to treat morbid obesitillness is caused by, or aggravated by, tipulmonary system, or physical trauma at Inpatient hospital stay is not covered with a Tuboplasty and sterilization reverses - Inpatient charges related to autops	ission for elective stays (i.e., all admissions that are neither y (defined by ICD) are limited to instances in which another medica he obesity, including illnesses of the endocrine system or cardio- associated with the orthopedic system. hen one of the following services or procedures are performed:	1
benchmark plan: Prior authorization required before admemergencies nor maternity). Surgical services to treat morbid obesitillness is caused by, or aggravated by, tipulmonary system, or physical trauma at Inpatient hospital stay is not covered with a Tuboplasty and sterilization reverses - Inpatient charges related to autops	ission for elective stays (i.e., all admissions that are neither y (defined by ICD) are limited to instances in which another medica he obesity, including illnesses of the endocrine system or cardio- associated with the orthopedic system. hen one of the following services or procedures are performed: had y c or cosmetic nature performed for reconstructive purposes	.1



Essential Health Benefit 4: Maternity and newbor	m 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		7
Other information regarding this benefit, incl benchmark plan:	uding 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:	-1/6
None	Medicaid State Plan	7
Amount Limit:	Duration Limit:	 0)
None	None	
Scope Limit:		-330
None		
Other information regarding this benefit, incl benchmark plan:	uding 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:	—ni
None	None	
Scope Limit:		

TN: 22-0011 Superseded TN: 21-0036



TN: 22-0011

Superseded TN: 21-0036

Alternative Benefit Plan

Prior authorization not required for mate	rnity (labor and delivery) stays	
enefit Provided:	Source:	
hysician 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	
The prior authorization requirements in Capply to maternity care	Connecticut's Medicaid state plan for Physician Services do not	



Essential Health Benefit 5: Mental health and subs behavioral health treatment	tance use disorder services including	Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services - MH/SUD	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	- De-
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
None		
benchmark plan:	ding the specific name of the source plan if it is not the base	_
authorizations.		
Benefit Provided:	Source:	
Outpatient Hospital Services - MH/SUD	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	1
Amount Limit:	Duration Limit:	4.
See "Other information"	None	1
Scope Limit:		4.
None		
Other information regarding this benefit, inclubenchmark plan:	ding the specific name of the source plan if it is not the base	_
 No more than one psychiatric/psychological medical necessity) 	reevaluation per year per hospital (may be exceeded based or tion, psychological testing, and intensive outpatient services.	
Benefit Provided:	Source:	
Physician Services - MH/SUD	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
The state of the s		7



Amount Limit:	Duration Limit:	
See "Other information"	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
(as do consultations and case management beyond the No more than one psychiatric evaluation in any 12 exceeded based on a determination of medical necessity.)	, and interpretation of test results require authorization nreshold amounts) month period per provider for the same client (may be sity)	
- No more than one psychiatric therapy visit of the sa	ame type per day, per provider, per client	
Benefit Provided:	Source:	
Clinic Services: MH & SA Clinics	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
(may be exceeded based on medical necessity) - Services include routine outpatient, intensive outpa	rming provider per episode of care for the same client	
Benefit Provided:	Source:	
Clinic Services: Methadone Maintenance Clinics	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
One all-inclusive unit, per provider, per member, pe	er week	



benchmark plan:	_
Requires registration	
	Add
	Tidd



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 categor	the transfer of the first framework at the first to be the first to be the first of the first to be the first	
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
∠ Limit on days supply	Yes	State licensed
☐ Limit on number of prescriptions	75	
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.	benefit plan is the sa	me as under the approved

TN: 22-0011 Superseded TN: 21-0036



Essential Health Benefit 7: Rehabilitative and habilitative	e 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		
benchmark plan:	ne specific name of the source plan if it is not the base	
Quantity limits on a number of supplies including warmedical necessity	ipes, test strips, lancets - may be exceeded based on	
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 prer	natal or postpartum care that is not high risk	
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	7
-Prior authorization (PA) required for more than nine diagnoses -PT/ST: PA required for more than one initial evalua -OT: PA required for more than than one initial evaluation.	ntion per year and more than two visits per week	
Benefit Provided:	Source:	
Orthopedic and Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	- 3º
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	
· ·		

TN: 22-0011 Approval Date: 06/06/2022 Superseded TN: 21-0036 Effective Date: 01/01/2022

Page 16 of 45



TN: 22-0011

Superseded TN: 21-0036

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 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: Source: Clinic Services: Rehabilitation Clinics State Plan 1905(a) Remove Provider Qualifications: Authorization: Other Medicaid State Plan Amount Limit: **Duration Limit:** See "Other information" 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 -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: Source: PT/OT/ST/ - Habilitative State Plan 1905(a) Remove Provider Qualifications: Authorization: Other Medicaid State Plan Amount Limit: **Duration Limit:** See "Other information" 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 health agencies, and rehabilitation clinics) to people with disabilities -The different limitations applicable to the service setting or provider (outpatient hospital, home health

Approval Date: 06/06/2022

Effective Date: 01/01/2022



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



enefit Provided:	Source:	
Other Lab and X-Ray Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_ .
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includenchmark plan:	uding the specific name of the source plan if it is not the base	
-A number of advanced imaging services rec -Genetic testing requires prior authorization	quire prior authorization	
		Add

TN: 22-0011 Superseded TN: 21-0036



Benefit Provided:	Source:	
Physician Services - Preventive and Wellness	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	V-0	
None		
benchmark plan: This includes a broad range of preventive serviculated States Preventive Services Task Force; recommended vaccines; preventive care and services.	ing the specific name of the source plan if it is not the base ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended	
benchmark plan: This includes a broad range of preventive servicular United States Preventive Services Task Force; recommended vaccines; preventive care and scriby HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and support Benefit Provided:	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended ed by HRSA Source:	
benchmark plan: This includes a broad range of preventive serviculated States Preventive Services Task Force; recommended vaccines; preventive care and sort by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and support Benefit Provided: Preventive Services - Tobacco Counseling	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a)	Remove
benchmark plan: This includes a broad range of preventive servicular United States Preventive Services Task Force; recommended vaccines; preventive care and scriby HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and support	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended ed by HRSA Source:	Remove
benchmark plan: This includes a broad range of preventive servicularity United States Preventive Services Task Force; recommended vaccines; preventive care and so by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and support Benefit Provided: Preventive Services - Tobacco Counseling Authorization: None	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: This includes a broad range of preventive servicunited States Preventive Services Task Force; recommended vaccines; preventive care and scriby HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and support Benefit Provided: Preventive Services - Tobacco Counseling Authorization:	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: This includes a broad range of preventive servicularity United States Preventive Services Task Force; are recommended vaccines; preventive care and so by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and support Benefit Provided: Preventive Services - Tobacco Counseling Authorization: None Amount Limit:	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: This includes a broad range of preventive serviculated States Preventive Services Task Force; recommended vaccines; preventive care and sort by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and support Benefit Provided: Preventive Services - Tobacco Counseling Authorization: None Amount Limit: None	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: This includes a broad range of preventive serviculated States Preventive Services Task Force; arecommended vaccines; preventive care and sort by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and support Benefit Provided: Preventive Services - Tobacco Counseling Authorization: None Amount Limit: None Scope Limit: None	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended d additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove



1905(a) Remove that Plan
State Plan
mit:
-
ne of the source plan if it is not the base
vices; however, prior authorization not pasic restoration procedures, nonsurgical clients under 21



Collapse All



\boxtimes	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:	on
	Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a), Clinic Services: Ambulatory Surgery Center (9.a) and Clinic Services: Dialysis Clinics (9.b) in EHB 1: Ambulatory patient services	
	The Connecticut Medicaid state plan benefit is similar in amount, duration, and scope to the base benchmark benefit.	
	Base Benchmark Benefit that was Substituted: Source:	
	Treatment Therapies Base Benchmark	Remove
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	n
	Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services (2.a) in EHB 1: Ambulatory patient services (Treatment Therapies include, for example, chemo and radiation therapy, renal dialysis and outpatient cardiac rehab)	
	Base Benchmark Benefit that was Substituted: Source:	
	Diagnostic and Treatment Services Base Benchmark	Remove
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	n
	Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a), Certified Pediatric or Family Nurse Practitioner (23), Other Practitioner: Nurse Practitioner (6.d), Other Practitioner: Physician Assistant (6.d), and Clinic Services: Medical Clinics (9.d) in EHB 1: Ambulatory patient services	
	Base Benchmark Benefit that was Substituted: Source:	
	Allergy Care Base Benchmark	Remove
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	n
	Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services	
	Base Benchmark Benefit that was Substituted: Source: Base Benchmark	
	Anesthesia	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:	n
	Duplication: Covered under the Connecticut Medicaid state plan as Physician Services (5.a) in EHB 1: Ambulatory patient services	



Superseded TN: 21 0036

Alternative Benefit Plan

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 Medicaid Ambulatory patient services Benefits for surgery related to morbid obesity are con	d state plan as Physician Services (5.a) in EHB 1: nparable because the prior authorization requirements etive. Services excluded from the Medicaid state plan	
Base Benchmark Benefit that was Substituted:	Source:	
Family Planning	Base Benchmark	Remove
Duplication: Covered under the Connecticut Medicaie (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 norization is required to obtain certain family planning	
Base Benchmark Benefit that was Substituted:	Source:	
Oral and Maxillofacial Surgery	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Esse Duplication: Covered under the Connecticut Medicaio Dentist (5.b) and Physician Services (5.a) in EHB 1:	d state plan as Medical and Surgical Services by a	
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Services	Base Benchmark	Remove
Explain the substitution or duplication, including indication, included above under Essection in the indication	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Duplication: Covered under the Connecticut Medicaio (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 amour state plan benefit. The base benchmark benefit is limited in amour state plan benefit.	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: Foot Care	Source: Base Benchmark	Remove
		Kemove
TN: 22-0011 Approva	al Date: 06/06/2022	

Effective Date: 01/01/2022

Page 24 of 45



Base Benchmark Benefit that was Substituted:	Source:	
Education Classes and Programs	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Esse Duplication: This benefit includes tobacco cessation	and diabetic counseling. Tobacco cessation covered	
under the Connecticut Medicaid state plan as Prevent Preventive and wellness services and chronic disease Connecticut Medicaid state plan as Physician Service	management. Diabetic counseling covered under the	
Base Benchmark Benefit that was Substituted: Alternative Treatments - Duplication	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above under Esse		
Duplication: Since this benefit only includes acupund Connecticut Medicaid state plan as Physician Service		
Base Benchmark Benefit that was Substituted: Chiropractic and Manipulative Treatment - Sub	Source: Base Benchmark	Pamaya
	cating the substituted benefit(s) or the duplicate section	Remove
Substitution: Chiropractic was mapped to EHB 1: An Adults) (10) from Connecticut's Medicaid state plan	nbulatory patient services; Dental Services (for	
Base Benchmark Benefit that was Substituted: Infertility Services - Duplication & Substitution	Source: Base Benchmark	Remove
1937 benchmark benefit(s) included above under Esse		
Duplication & Substitution: Infertility Services was n diagnosis of infertility is covered by the Connecticut Dental Services (for Adults) (10) from Connecticut's treatment of infertility (which does not include ART)	Medicaid state plan as Physician Services (5.a) and Medicaid state plan was used as a substitute for	
Base Benchmark Benefit that was Substituted: Manipulative Treatment - Physician	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: Manipulative Treatment by a physician is covered under the Connecticut Medicaid state plan		
as Physician Services (5.a) in EHB 1: Ambulatory pa	1	
Base Benchmark Benefit that was Substituted: Accidental Injury	Source: Base Benchmark	Remove



Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section

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



Base Benchmark Benefit that was Substituted:	Source:	
Reconstructive Surgery	Base Benchmark	Remove
Explain the substitution or duplication, including indication of the substitution or duplication, including indication of the substitution of the Connecticut Medicaid 3: Hospitalization (neither base benchmark nor Medicaid The base benchmark benefit is similar in amount, dura The Medicaid state plan benefit limits and prior authority the same as the limits and prior authorization requirem	ntial Health Benefits: It state plan as Inpatient Hospital Services (1) in EHB aid covers cosmetic surgery) ation, and scope to the Medicaid state plan benefit. rization requirements for reconstructive surgery are	
Base Benchmark Benefit that was Substituted:	Source:	
Maternity Care	Base Benchmark	Remove
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Duplication: Covered under the Connecticut Medicaic Inpatient Hospital Services - Maternity (1), Physician Svs (28) and Nurse Mid-Wife Services (17), all in EH	ntial Health Benefits: I state plan through multiple benefits including Services - Maternity (5.a), Freestanding Birth Center	
Base Benchmark Benefit that was Substituted:	Source:	
Lab, X-Ray and Other Diagnostic Tests	Base Benchmark	Remove
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Duplication: Covered under the Connecticut Medicaic EHB 8: Laboratory services	ntial Health Benefits:	
Base Benchmark Benefit that was Substituted: Hospice Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Duplication: Covered under the Connecticut Medicaio Ambulatory patient services	ntial Health Benefits:	
	Source:	
Base Benchmark Benefit that was Substituted: Durable Medical Equipment (DME)	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: Hearing Services (testing, trtmt and supplies)	Source: Base Benchmark	Remove



TN: 22-0011

Superseded TN: 21-0036

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 Medicaio EHB1: Ambulatory patient services and Rehabilitatio habilitative services and devices; Physician Services (d state plan as Outpatient Hospital Services (2.a) in n Clinics (9.g.) in EHB 7: Rehabilitative and		
The base benchmark plan does not cover routine hear	ing tests for adults.		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark		
Medical Supplies	Buse Benefithing	Remove	
1937 benchmark benefit(s) included above under Esse			
Duplication: Covered under the Connecticut Medicaio Supplies, Equipment and Appliances (7.c.) in EHB 7:			
Base Benchmark Benefit that was Substituted:	Source:		
Orthopedic and Prosthetic Devices	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:	Source:		
PT, OT, ST and Cognitive Therapy	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 amour benefit. The base benchmark benefit only allows 50 l the Medicaid state plan allows 86 treatments per mon of medical necessity.	PT/OT/ST visits combined per calendar year whereas		
Base Benchmark Benefit that was Substituted:	Source:		
Inpatient Hospital or Other Covered Facility	Base Benchmark	Remove	
Explain the substitution or duplication, including indication 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 Medicaio (1) in EHB 5: MH and SUD services	d state plan as Inpatient Hospital Services - MH/SUD		

Approval Date: 06/06/2022

Effective Date: 01/01/2022

Page 28 of 45



	Base Benchmark Benefit that was Substituted:	Source:	
	Outpatient Hospital or Other Covered Facility	Base Benchmark	Remove
'	Explain the substitution or duplication, including indices 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicale MH/SUD (2.a), Clinic Services: MH and SA Clinics (Clinics (9.f) in EHB 5: MH and SUD services	d state plan as Outpatient Hospital Services -	
	Certain Medicaid limits may be exceeded based on m the base benchmark plan through claims processing.	edical necessity and other soft limit probably exists in	
	Base Benchmark Benefit that was Substituted: Professional Services	Source: Base Benchmark	Remove
	Explain the substitution or duplication, including indices 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid MH/SUD (2.a), Physician Services - MH/SUD (5.a) at 5: MH and SUD services Certain Medicaid limits may be exceeded based on mexist in the base benchmark plan through claims process.	d state plan as Outpatient Hospital Services - and Clinic Services: MH and SA Clinics (9.e) in EHB dedical necessity, and the other soft limits probably	
	Base Benchmark Benefit that was Substituted: Covered Medications and Supplies	Source: Base Benchmark	Remove
	Explain the substitution or duplication, including indices 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid Prescription drugs		
	Base Benchmark Benefit that was Substituted: Preventive Care, Adult	Source: Base Benchmark	Remove
'	Explain the substitution or duplication, including indices 1937 benchmark benefit(s) included above under Essen 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 indication of the substitution or duplication, including indication of the substitution of the	d state plan as Physician Services - Preventive and vices and chronic disease management and EPSDT	



Add



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 this benefit:	
Routine non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)	
Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark	Remove
Dental Benefit	101110
Explain why the state/territory chose not to include this benefit:	
Non-pediatric dental services are an excepted benefit pursuant to 45 CFR 156.115(d)	
	Add



Other 1937 Covered Benefits that are not Ess	sential 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]
Other:		1
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 "services)	Dental 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:		-
1		1



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	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other"	See "Other"	
Scope Limit:		
None		
Other:		
One pair per clients twenty-one years of age and olde because of a change in the client's medical condition	er per two year period unless it is medically necessary	
because of a change in the cheft's medical condition		
Other 1937 Benefit Provided:	Source:	
FQHCs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other" re dental services	None	



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: Home Health Services - Home Health Aide Svs	Source: 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	
appropriate institution -Prior authorization required for more than 14 hours Other 1937 Benefit Provided: Other Practitioner: Naturopath	Source: Section 1937 Coverage Option Benchmark Benefit	
Other Practitioner. Naturopath	Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:		
	Duration Limit:	
None	Duration Limit: None	
None Scope Limit:		
None		
None Scope Limit: Only for clients under age 21 Other:	None	
None Scope Limit: Only for clients under age 21	None	
None Scope Limit: Only for clients under age 21 Other:	r month to the the same provider Source:	
None Scope Limit: Only for clients under age 21 Other: -Authorization required for more than five visits per	r month to the the same provider	Remove
None Scope Limit: Only for clients under age 21 Other: -Authorization required for more than five visits per Other 1937 Benefit Provided:	None r month to the the same provider Source: Section 1937 Coverage Option Benchmark Benefit	Remove



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:	
Nursing Facility Services	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:	
ICF/IID fka ICF/MR Services	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:	
Independent Therapies	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	l .
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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 F	Iealth Services	
Other 1937 Benefit Provided:	Source:	
Rehab Services: PNMI for Adults	Section 1937 Coverage Option Benchmark Benefit	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	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	Remove
Authorization:	Package Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
	1 tone	
Scope Limit: Only for clients under age 21		
Other:		
Od 1007 P	Couraci	
Other 1937 Benefit Provided: Rehab Services: Psychiatric Svs to Children	Source: Section 1937 Coverage Option Benchmark Benefit	D
Renau Services. I sycinatrie Svs to Children	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 Ad	lolescent Psychiatric Services) model only, concurrent	
authorization is required in specified circumstance	S	
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 p	provided in 42 CFR 441.151(a)(3)	



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	gnostic evaluation.	
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Licensed ADC Svs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	<u> </u>
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Prior authorization required only for psychiatric diag	gnostic 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	



Scope Limit:		
None		
Other:		
Prior authorization required only for psychiatric diagram	nostic 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 diagram	nostic evaluation and psychological testing.	
Other 1937 Benefit Provided:	Source:	
Licensed Clinical Social Worker	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 diagram	nostic evaluation.	
Other 1937 Benefit Provided:	Source:	
Preventive Services: Autism Spectrum Disorder Svcs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
· '	Wiedicaid State Fian	



Authorization: Other Amount 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. Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Provider Qualifications: Medicaid State Plan 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. Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Provider Qualifications: Medicaid State Plan Amount Limit: Duration Limit:	mount Limit:	Duration Limit:
Only for Medicaid beneficiaries under age twenty-one. Other: See section 13(e) 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 (BCABA) 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. The service of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. Th	Vone	None
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 provided by Board Certified Assistant Behavior Analysts (BCaBAs) or specified licensed practitioner provides 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. The result of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underly	cope Limit:	
See section 13(e) 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 (BCBaBa) 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. Description of treatment services are the same as what is approved in the underlying SPA 15-004.	Only for Medicaid beneficiaries under	age twenty-one.
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 (BCBAs) 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. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is approved in the underlying SPA 15-004. The effective date of these services are the same as what is appr		
her 1937 Benefit Provided: CM for Clients with Developmental Disabilities Authorization: Other Amount 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. her 1937 Benefit Provided: Source: Scotion 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: None Scope 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. Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Provider Qualifications: Medicaid State Plan Duration Limit:	Immary of key provisions in Attachmed Medical / physical evaluation covered derally qualified health center or clinic Comprehensive diagnostic evaluation ractitioner, federally qualified health of Behavior assessment, development of enefit in the preventive services State Medical/physical evaluation, compreh lan of care required before receiving A Board Certified Behavior Analyst (BC ervices and must supervise all ASD tree analysts (BCaBAs) or technicians. BC irection of treatment services provided	ent 3.1-A include: If under the outpatient hospital, physician, other licensed practitioner, ic State Plan benefit category, as applicable. It is covered under the outpatient hospital, physician, other licensed center or clinic State Plan benefit category, as applicable. If the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care are all and the plan benefit category. In the plan of care are all and the plan benefit category. In the plan of care are all and the plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category. In the plan of care, and ASD treatment services covered under this Plan benefit category, as applicable. If the plan of care, and ASD treatment services covered under this Plan benefit category, as applicable. If the plan of care, and ASD treatment services covered under this Plan benefit category, as applicable. If the plan of care, and ASD treatment services covered under this Plan benefit category, as applicable. If the plan of care, and ASD treatment services covered under this Plan benefit category. In the
Authorization: Other Amount 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. Source: Section 1937 Coverage Option Benchmark Benefit Package Frovider Qualifications: Medicaid State Plan 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. Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Provider Qualifications: Provider Qualifications: Medicaid State Plan Amount Limit: Duration Limit:		
Other Amount Limit: 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. Source: Source: Section 1937 Benefit Provided: Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Provider Qualifications: Prior Authorization Medicaid State Plan Duration Limit:		bilities Section 1937 Coverage Option Benchmark Benefit
Amount Limit: None	uthorization:	Provider Qualifications:
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. Source: Section 1937 Benefit Provided: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Provider Qualifications: Prior Authorization Medicaid State Plan Amount Limit: Duration Limit:	Other	Medicaid State Plan
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. Source: Section 1937 Benefit Provided: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Provider Qualifications: Prior Authorization Medicaid State Plan Duration Limit:	mount Limit:	Duration 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. Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Provider Qualifications: Prior Authorization Medicaid State Plan Amount Limit: Duration Limit:	Jone	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. Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Prior Authorization Medicaid State Plan Duration Limit:	cope Limit:	
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. Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Prior Authorization Medicaid State Plan Amount Limit: Duration Limit:	None	
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. Source: Section 1937 Coverage Option Benchmark Benefit Package Authorization: Prior Authorization Medicaid State Plan Amount Limit: Duration Limit:	ther:	
Authorization: Prior Authorization Amount Limit: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	CM for Clients with Developmental D	
Authorization: Prior Authorization Amount Limit: Package Package Provider Qualifications: Medicaid State Plan Duration Limit:	1937 Benefit Provided:	
Prior Authorization Medicaid State Plan Amount Limit: Duration Limit:	nunity First Choice Pursuant to Section	D 191.3(K)
Amount Limit: Duration Limit:	uthorization:	Provider Qualifications:
	Prior Authorization	Medicaid State Plan
See Attachment 3 1-K	mount Limit:	Duration Limit:
See Ameriment 3.1-1x	See Attachment 3.1-K	None

Page 40 of 45



Scope Limit:		
See Attachment 3.1-K		
Other:		
See Attachment 3.1-K for details regarding this bene service components, limits, and provider information	fit (created through approved SPA 15-012), including a.	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Behavioral Health Homes Pursuant to Section 1945	Package	Remove
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:		
See Attachment 3.1-H for details regarding this bene components, limits, and provider information.	fit (created through SPA 15-014), including service	
Other 1937 Benefit Provided:	Source:	
Other Medical Care: Integrated Care Models - PCMH+	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A.		
Other:		
model within the Other Medical Care benefit categor	red Medical Home Plus (PCMH+) is an integrated care ry in section 1905(a)(29) of the Social Security Act and nent services as defined in section 1905(t) of the Social	
See Attachment 3.1-A for details regarding this bene components, limits, and provider information. Author		
Other 1937 Benefit Provided:	Source:	
Medication-Assisted Treatment	Section 1937 Coverage Option Benchmark Benefit Package	Remove



	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 benefit provider qualifications, service components, and limit		
The state makes the following assurances:		
MAT is provided as defined in the approved state plar B pages. MAT is provided in accordance with 1905(a)(29) for the state of the sta	Attachment 3.1-A and if applicable, Attachment 3.1-	
September 30, 2025.	the period deginning decoder 1, 2020, and chang	
ner 1937 Benefit Provided:	Source:	
Housing Engagement and Support Services (CHESS)	Section 1937 Coverage Option Benchmark Benefit	
riousing engagement and support services (CHESS)	Package	Remo
Authorization:	- ·	Remo
	Package	Remo
Authorization:	Package Provider Qualifications:	Remo
Authorization: Prior Authorization	Package Provider Qualifications: Medicaid State Plan	Remo
Authorization: Prior Authorization Amount Limit:	Package Provider Qualifications: Medicaid State Plan	Remo
Authorization: Prior Authorization Amount Limit: See Attachment 3.1-i	Package Provider Qualifications: Medicaid State Plan	Remo
Authorization: Prior Authorization Amount Limit: See Attachment 3.1-i Scope Limit:	Package Provider Qualifications: Medicaid State Plan	Remo
Authorization: Prior Authorization Amount Limit: See Attachment 3.1-i Scope Limit: See Attachment 3.1-i	Package Provider Qualifications: Medicaid State Plan Duration Limit: using Engagement and Support Services (CHESS) is vices 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	Remo



Other 1937 Benefit Provided:	Source:	
Other Licensed Practitioner: Acupuncture Services	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	r details. No authorization requirements.	
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 A	Attachment 3.1-A of the Medicaid State Plan for details.	
Other:		
See Attachment 3.1-A of the Medicaid State Plan for	r details.	
Other 1937 Benefit Provided:	Source:	
Routine Patient Costs Qualifying Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See section 30 of Attachment 3.1-A	See section 30 of Attachment 3.1-A	
Scope Limit:		
Scope limited pursuant to sections 1905(a)(30), 190 3.1-A of the Medicaid State Plan.	5(gg), and 1937(b)(5). See section 30 of Attachment	
Other:		
Other: Effective January 1, 2022, Routine Patient Services A Trials is added as a mandatory benefit under the ABI	1 , , ,	



detailed in sections 1905(a)(30) and 1905(gg) of the Act. All authorization, provider qualifications, amount limits, duration limits, and scope limits are the same as set forth in section 30 of Attachment 3.1-A, which cross-references section 1905(gg) and except as otherwise specifically provided by sections 1905(a)(30) and 1905(gg), all services provided under this benefit follow the same provisions, requirements, and limitations set forth in the applicable section of Attachment 3.1-A of the Medicaid State Plan (or, to the extent applicable, in the relevant waiver or demonstration project) that governs each applicable underlying service that is otherwise covered under the state plan, waiver, or demonstration project.

Add



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



OMB Control Number: 09381148

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.



☑ 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

TN: 22-0011 Superseded TN: 21-0036



	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.	lan'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	
 Services managed under an administrative services organization (ASO) arrangement 	
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

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.20130718



State Name:	Connecticut	Attachment 3.1-L-	OMB Control Number:	09381148
Transmittal N	Jumber: <u>CT - 21 - 0036</u>			
Employer Sponsored Insurance and Payment of Premiums ABP9				
	itory provides the Alternative Benefit Plan through the verage, with additional benefits and services provided		1 1	No
The state/terri	itory otherwise provides for payment of premiums.			No
Other Informa	ation Regarding Employer Sponsored Insurance or Pa	yment 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

TN: 22-0011 Superseded TN: 21-0036



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

TN: 22-0011 Superseded TN: 21-0036



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

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment 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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