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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 22-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Summary Page
- 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

September 19, 2022

VIA E-MAIL

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

Dear Commissioner Gifford:

For your records, this is an approved copy of Connecticut's Alternative Benefit Plan (ABP) State plan amendment (SPA) CT 22-0021. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. CT.0627.R00.12) on June 23, 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 to add coverage for substance use disorder services under the rehabilitative services benefit category for services provided in outpatient and residential settings, as required by sections 1905(a)(13)(c) of the Social Security Act.

This SPA was approved September 19, 2022 with an effective date of June 1, 2022. Enclosed are copies of the CMS-179 summary page and 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.

Digitally signed by James G.

Scott -S

Date: 2022.09.19 19:13:03

-05'00'

James G. Scott, Director Division of Program Operations

Enclosures

cc: Joel Norwood Deborah Alexson Abigail Cotto Candace Madison Ginny Mahoney Dana Robinson-Rush

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Connecticut

Transmittal Number:

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

CT-22-0021

Proposed Effective Date

06/01/2022

(mm/dd/yyyy)

Federal Statute/Regulation Citation

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

Federal Budget Impact

Federal Fiscal Year Amount

First Year 2022

\$ 0.00

Second Year 2023

\$ 0.00

Subject of Amendment

Effective June 1, 2022, SPA CT-22-0021 amends the Alternative Benefit Plan to add coverage for substance use disorder services under the rehabilitative services benefit category for services provided in outpatient and residential



Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Joel Norwood
Last Revision Date: Aug 29, 2022
Submit Date: Jun 23, 2022



Attachment 3.1-L-	Expiration date: 10/31/2014			
Alternative Benefit Plan Populations	ABP1			
Identify and define the population that will participate in the Alternative Benefit Plan.				
Alternative Benefit Plan Population Name: Medicaid Coverage for the Lowest-Income Populations (MCLIP)				
Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain targeting criteria used to further define the population.	in individuals that meet any			
Eligibility Groups Included in the Alternative Benefit Plan Population:				
Eligibility Group:	Enrollment is mandatory or voluntary?			
+ Adult Group	Mandatory X			
Enrollment is available for all individuals in these eligibility group(s).				
Geographic Area				
The Alternative Benefit Plan population will include individuals from the entire state/territory. Yes Any other information the state/territory wishes to provide about the population (optional)				
PRA Disclosure Statement				
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of info valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The				

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: 22-0021 Approval Date: 09/19/2022 Superseded TN: 22-0011 Effective Date: 06/01/2022

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



Attachment 3.1-L- OMB Control Number: 09381148
OMB Expiration date: 10/31/2014

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

ABP2a

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

Yes

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

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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



Selection of Base Benchmark Plan

Alternative Benefit Plan

Attachment 3.1-	L- 🗌		OMB Control Nu OMB Expiration	
Selection of B	Benchmark Bene	fit Package or Benchmark-Equivalent Benef	fit Package	ABP
Select one of the	following:			
C The state	e/territory is amendi	ng one existing benefit package for the population define	ed in Section 1.	
• The state	e/territory is creating	g a single new benefit package for the population defined	l in Section 1.	
Name o	f benefit package:	ABP for MCLIP		
Selection of the	Section 1937 Cover	rage Ontion		
The state/territor	y selects as its Secti	on 1937 Coverage option the following type of Benchma is Alternative Benefit Plan (check one):	ırk Benefit Package or Bench	umark-
Benchma	rk Benefit Package.			
C Benchma	rk-Equivalent Benet	it Package.		
The state	e/territory will provi	de the following Benchmark Benefit Package (check one	e that applies):	
0	The Standard Blue Program (FEHBP).	Cross/Blue Shield Preferred Provider Option offered thro	ough the Federal Employee F	Health Benefit
0	State employee cov	erage that is offered and generally available to state emp	loyees (State Employee Cov	erage):
0	A commercial HM0 HMO):	O with the largest insured commercial, non-Medicaid enr	collment in the state/territory	(Commercial
•	Secretary-Approve	d Coverage.		
	• The state/territ	ory offers benefits based on the approved state plan.		
		ory offers an array of benefits from the section 1937 covers, or the approved state plan, or from a combination of t		chmark plan
	The state/t	erritory offers the benefits provided in the approved state	e plan.	
	C Benefits in	nclude all those provided in the approved state plan plus a	additional benefits.	
	O Benefits a	re the same as provided in the approved state plan but in	a different amount, duration	and/or scope.
	The state/t	erritory offers only a partial list of benefits provided in the	he approved state plan.	
	The state/t	erritory offers a partial list of benefits provided in the app	proved state plan plus addition	onal benefits.
	Please briefly iden	tify the benefits, the source of benefits and any limitation	ns:	
	The ABP benefits same as those in the	are the same as in and are from Connecticut's Medicaid she state plan.	state plan, and the limitations	s are the



currently approved Medicaid state plan.

Alternative Benefit Plan

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.

PRA Disclosure Statement

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

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



	OMB Control Number: 09381148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Cost-Sharing	ABP4
✓ Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise desc cost sharing must comply with Section 1916 of the Social Security Act.	ribed in the state plan. Any such
The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other to Attachment 4.18-A.	han that described in No
Other Information Related to Cost Sharing Requirements (optional):	
Connecticut does not require any cost-sharing in Attachment 4.18-A.	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



	OMB Control Number: 09381148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP)	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Approved."	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:	specific name of the source plan if it is not the base	1
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		
Other information regarding this benefit, including the benchmark plan:	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 descri	ibed in "Other information"	



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

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

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



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:	e specific name 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 the	e specific name of the source plan if it is not the base	
benchmark 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 the benchmark plan:	e specific name of the source plan if it is not the base	
Monthly quantity limits for male condoms (36), femalexceeded with authorization	ale 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 the	e specific name of the source plan if it is not the base	
benchmark plan:		

Approval Date: 09/19/2022 Effective Date: 06/01/2022 TN: 22-0021 Superseded TN: 22-0011



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 fo	or prenat	al or postpartum care that is not high risk	
benchmark plan:		specific name of the source plan if it is not the base	
-The cost of services provided by the home hea appropriate institution -Authorization required for services more than		ncy may not exceed the cost if the client were in the its 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, include benchmark plan:	ling 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:	Temove
Other		Medicaid State Plan	
Amount Limit:		Duration Limit:	
See "Other information"		See "Other information"	
Scope Limit:			
See "Other information"			
Other information regarding this benefit, include benchmark plan:		specific name of the source plan if it is not the base	
		of limits is as follows: Prior authorization required Date: 09/19/2022	
		Date: 06/01/2022	



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)	Remov
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
e specific name of the source plan if it is not the base	
er five days	
	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None e specific name of the source plan if it is not the base

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		
Other information regarding this benefit, including benchmark plan: Authorization required within two days of admiss	g the specific name of the source plan if it is not the base	1
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, including benchmark plan:	g the specific name of the source plan if it is not the base	
		Add



Essential 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"		
Other information regarding this benefit, including the benchmark plan: Prior authorization required before admission for electemergencies nor maternity). Surgical services to treat morbid obesity (defined by I illness is caused by, or aggravated by, the obesity, inc pulmonary system, or physical trauma associated with Inpatient hospital stay is not covered when one of the - Tuboplasty and sterilization reversal - Inpatient charges related to autopsy - All services/procedures of a plastic or cosmetic in See also EHB 2: Emergency services and EHB 4: Ma	tive stays (i.e., all admissions that are neither (CD) are limited to instances in which another medicalluding illnesses of the endocrine system or cardionathe orthopedic system. following services or procedures are performed:	1
		Add



■ Essential Health Benefit 4: Maternity and newborn care		Collapse All
Benefit Provided:	Source:	
Freestanding Birth Center Svs	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None]
Scope Limit:		
None]
Other information regarding this benefit, including the benchmark plan:	ne 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:	
None	Medicaid State Plan	7
Amount Limit:	Duration Limit:	_
None	None	1
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	
Benefit Provided:	Source:	
Inpatient Hospital Services - Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
None		



Prior authorization not required for mate	ernity (labor and delivery) stays	
enefit Provided:	Source:	
Physician Services - Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	
The prior authorization requirements in apply to maternity care	Connecticut's Medicaid state plan for Physician Services do not	



Essential Health Benefit 5: Mental health and substance us behavioral health treatment	se disorder services including	Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services - MH/SUD	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, including the	e specific name of the source plan if it is not the base	
benchmark plan: -All admissions require prior authorization and contin	med stays require additional concurrent review	1
authorizations.		
- Substance detox admissions are triaged to be sure the as a residential detox facility	ey cannot be provided at a less restrictive setting such	
- This benefit includes hospital, PRTFs and residentia	l detox services	
- This benefit does not include services in an IMD		
Benefit Provided:	Source:	
Outpatient Hospital Services - MH/SUD	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:	e specific name of the source plan if it is not the base	
- No more than one psychiatric/psychological reevalu	ation per year per hospital (may be exceeded based or	
medical necessity) -Authorization required for partial hospitalization, psy	ychological testing, and intensive outpatient services.	
Benefit Provided:	Source:	
Physician Services - MH/SUD	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 benchmark plan:	the specific name of the source plan if it is not the base	
- Services to inpatients, observation care services a authorization or registration	nd emergency department services do not require	
- Psychological testing, intensive outpatient service (as do consultations and case management beyond	es, and interpretation of test results require authorization threshold amounts)	
- No more than one psychiatric evaluation in any 12	2 month period per provider for the same client (may be	
exceeded based on a determination of medical nece - No more than one psychiatric therapy visit of the		
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 benchmark plan:	the specific name of the source plan if it is not the base	
(may be exceeded based on medical necessity) - Services include routine outpatient, intensive outp	orming 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, p	per week	



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



Essential Hea	lth Benefit 6: Prescription drugs			
Benefit Provi	ded:			
	e is at least the greater of one drug in each mber of prescription drugs in each categor			
Prescrip	tion Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:	
\boxtimes	Limit on days supply	Yes	State licensed	
	Limit on number of prescriptions			
	Limit on brand drugs			
	Other coverage limits			
\bowtie	Preferred drug list			
Coverage	that exceeds the minimum requirements	or other:		
	e of Connecticut's ABP prescription drug d state plan for prescribed drugs.	benefit plan is the same as	under the approved	



■ Essential Health Benefit 7: Rehabilitative and habilitative	re 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:	the specific name of the source plan if it is not the base vipes, 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 pre	enatal or postpartum care that is not high risk	
benchmark plan:	he specific name of the source plan if it is not the base	;
 -Prior authorization (PA) required for more than nindiagnoses -PT/ST: PA required for more than one initial evaluation -OT: PA required for more than than one initial evaluation 	nation per year and more than two visits per week	
Benefit Provided:	Source:	
Orthopedic and Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	



Scope Limit:		
Replacement of a device is covered only if the device adequate due to a measurable change in the client's of t	e is lost, destroyed or is no longer medically usable or condition	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
-A number of orthotics and prosthetics require prior a -One hearing aid per ear every 3 years - may be exceeded base -Two pairs of shoes per year - may be exceeded base	eded based on medical necessity	
Benefit Provided:	Source:	
Clinic Services: Rehabilitation Clinics	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	See "Other information"	
Scope Limit:		
None		
client		
Benefit Provided:	Source:	
PT/OT/ST/ - Habilitative	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	See "Other information"	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan: - PT/OT/ST services that help a person keep, learn or - These services are provided in a variety of inpatient health agencies, and rehabilitation clinics) to people where the different limitations applicable to the service services.	r improve skills and functioning for daily living and outpatient settings (outpatient hospital, home with disabilities	
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agencies, or rehabilitation clinic) would apply to the provision of the habilitative service.	
	Add



■ Essential Health Benefit 8: Laboratory services		Collapse All
Benefit 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, including the benchmark plan:	e specific name of the source plan if it is not the base	
-A number of advanced imaging services require prior- -Genetic testing requires prior authorization	or authorization	
		Add



state/territory must provide, at a minimum, a broad r ne United States Preventive Services Task Force; Ad		
ines; preventive care and screening for infants, child additional preventive services for women recommendations.	Iren and adults recommended by HRSA's Bright Futures prog	ram/project;
Benefit Provided:	Source:	
Physician Services - Preventive and Wellness	State Plan 1905(a)	Remove
·	Provider Qualifications:	Kemove
Authorization: None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
	ing the specific name of the source plan if it is not the base	
United States Preventive Services Task Force; A	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP)	
This includes a broad range of preventive service United States Preventive Services Task Force; A recommended vaccines; preventive care and scriby HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supported	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended additional preventive services for women recommended ed by HRSA	
This includes a broad range of preventive servic United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and	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
This includes a broad range of preventive servic United States Preventive Services Task Force; A recommended vaccines; preventive care and scr by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supported 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 additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a)	Remove
This includes a broad range of preventive servic United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supported 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:	Remove
This includes a broad range of preventive servic United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supported 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 diadditional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
This includes a broad range of preventive service United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supporte 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 additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications:	Remove
This includes a broad range of preventive service United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supporte 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 diadditional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
This includes a broad range of preventive service United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supporte 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 diadditional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
This includes a broad range of preventive service United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supported by the Institute of Medicine (IOM) and supported Benefit Provided: Preventive Services - Tobacco Counseling Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, includitions are supported 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 diadditional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
This includes a broad range of preventive service United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supported by the Institute of Medicine (IOM) and supported Benefit Provided: Preventive Services - Tobacco Counseling Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan:	ces including: "A" and "B" services recommended by the Advisory Committee for Immunization Practices (ACIP) reening for infants, children and adolescents recommended additional preventive services for women recommended ed by HRSA Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: ing the specific name of the source plan if it is not the base	Remove
This includes a broad range of preventive service United States Preventive Services Task Force; A recommended vaccines; preventive care and ser by HRSA's Bright Futures program/project; and by the Institute of Medicine (IOM) and supported by the Institute of Medicine (IOM) and supported Benefit Provided: Preventive Services - Tobacco Counseling Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: Duration Limit: Dependence, a Public Health Service-sponsored Clinical	Remove



■ Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	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, including the specific name of the source plan if it is not the base benchmark plan:		
-Prior authorization required for orthodontia -Prior authorization required for certain non-emergency dental services; however, prior authorization not required for the following dental services: diagnostic, prevention, basic restoration procedures, nonsurgical extractions and authorization is not required for some services for clients under 21		
		Add



Other Covered Benefits from Base Benchmark	Collapse All



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



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Base Benchmark Benefit that was Substituted:	Source:	
Surgical Procedures	Base Benchmark	Remove
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esser Duplication: Covered under the Connecticut Medicaid Ambulatory patient services Benefits for surgery related to morbid obesity are com associated with the base benchmark benefit are restrict are similar to the exclusions in the base benchmark be	state plan as Physician Services (5.a) in EHB 1: parable because the prior authorization requirements tive. Services excluded from the Medicaid state plan	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Family Planning		Remove
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esser Duplication: Covered under the Connecticut Medicaid (4.c) and Clinic Services: Family Planning Clinics (9.d)	ntial Health Benefits: state plan as Family Planning Services and Supplies	
While under the Connecticut Medicaid state plan authorsupplies in excess of the specified limit, these supplies		
Base Benchmark Benefit that was Substituted: Oral and Maxillofacial Surgery	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esser Duplication: Covered under the Connecticut Medicaid Dentist (5.b) and Physician Services (5.a) in EHB 1: A	ntial Health Benefits: 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 indic 1937 benchmark benefit(s) included above under Esset		
Duplication: Covered under the Connecticut Medicaid (7.a) in EHB 1: Ambulatory patient services	state plan as Home Health Services - Nursing Svs	
The base benchmark benefit is more limited in amount state plan benefit. The base benchmark benefit is limit		
Base Benchmark Benefit that was Substituted: Foot Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Connecticut Medicaid state plan as Podiatrist Services (6.a) in EHB 1: Ambulatory patient services.		
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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 a under the Connecticut Medicaid state plan as Prevent Preventive and wellness services and chronic disease Connecticut Medicaid state plan as Physician Service	tive Services - Tobacco Counseling (13.c) in EHB 9: management. Diabetic counseling covered under the	
Base Benchmark Benefit that was Substituted:	Source:	
Alternative Treatments - Duplication	Base Benchmark	Remove
1937 benchmark benefit(s) included above under Esse		
Duplication: Since this benefit only includes acupunc Connecticut Medicaid state plan as Physician Service		
Base Benchmark Benefit that was Substituted:	Source:	
Chiropractic and Manipulative Treatment - Sub	Base Benchmark	Remove
Explain the substitution or duplication, including indication and the substitution or duplication, including indication and the substitution or duplication, including indication, included above under Esserting indication, including indication, included above indication in including indication in including indication in including indication in including indication in included above under Esserting indication in included in including indication in included in included in including indication in included in includ	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
Substitution: Chiropractic was mapped to EHB 1: An Adults) (10) from Connecticut's Medicaid state plan v		
Base Benchmark Benefit that was Substituted:	Source:	
Infertility Services - Duplication & Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including indication of the substitution of t	cating the substituted benefit(s) or the duplicate section ential Health Benefits:	
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 patient services		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Accidental Injury		Remove



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

1937 benefitiat benefit (3) metaded above ander Essen	1937 benchmark benefit(s) included above under Essential Health Benefits:		
1 1	Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services -		
Emergency Care (2.a) in EHB 2: Emergency services; Outpatient Hospital Services (2.a) and Physician			
	Services (5.a) in EHB 1: Ambulatory patient services, and Inpatient Hospital Services (1) in EHB 3:		
Hospitalization			
	C	-	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark		
Medical Emergency	Dase Benefiniark	Remove	
Explain the substitution or duplication, including indica			
1937 benchmark benefit(s) included above under Essen			
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	and inpution frospital solvitors (1) in 2112 s.		
1			
Base Benchmark Benefit that was Substituted:	Source:		
Ambulance	Base Benchmark	Remove	
		Remove	
Explain the substitution or duplication, including indica			
1937 benchmark benefit(s) included above under Essen	and the second s		
Duplication: Covered under the Connecticut Medicaid	state plan as Other: Transportation - Ambulance		
(24.a.1) in EHB 2: Emergency services			
Rosa Ranchmark Ranafit that was Substituted:	Source:		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark		
Base Benchmark Benefit that was Substituted: Inpatient Hospital	Source: Base Benchmark	Remove	
Inpatient Hospital	Base Benchmark	Remove	
Inpatient Hospital Explain the substitution or duplication, including indica	Base Benchmark uting the substituted benefit(s) or the duplicate section	Remove	
Inpatient Hospital Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen	Base Benchmark uting the substituted benefit(s) or the duplicate section tial Health Benefits:	Remove	
Inpatient Hospital Explain the substitution or duplication, including indica	Base Benchmark uting the substituted benefit(s) or the duplicate section tial Health Benefits:	Remove	
Inpatient Hospital Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB	Remove	
Inpatient Hospital Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in the connecticut in the connecticut is similar in the connecticut	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base	Remove	
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in benchmark benefit. Benefits for surgery related to more	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior	Remove	
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar is benchmark benefit. Benefits for surgery related to more authorization requirements associated with the base benefits.	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded	Remove	
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in benchmark benefit. Benefits for surgery related to more	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded	Remove	
Explain the substitution or duplication, including indica 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 mort authorization requirements associated with the base ber from the Medicaid state plan are similar to the exclusion	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded	Remove	
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in benchmark benefit. Benefits for surgery related to mort authorization requirements associated with the base ben from the Medicaid state plan are similar to the exclusion. Base Benchmark Benefit that was Substituted:	Base Benchmark Iting the substituted benefit(s) or the duplicate section tial Health Benefits: Istate plan as Inpatient Hospital Services (1) in EHB In amount, duration, and scope to the base bid obesity are comparable because the prior nechmark benefit are restrictive. Services excluded ons in the base benchmark benefit.		
Explain the substitution or duplication, including indica 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 mort authorization requirements associated with the base ber from the Medicaid state plan are similar to the exclusion	Base Benchmark Iting the substituted benefit(s) or the duplicate section Itial Health Benefits: Istate plan as Inpatient Hospital Services (1) in EHB In amount, duration, and scope to the base bid obesity are comparable because the prior Inchmark benefit are restrictive. Services excluded Institute in the base benchmark benefit. Source:	Remove	
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in benchmark benefit. Benefits for surgery related to mort authorization requirements associated with the base ben from the Medicaid state plan are similar to the exclusion. Base Benchmark Benefit that was Substituted:	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded ons in the base benchmark benefit. Source: Base Benchmark		
Explain the substitution or duplication, including indica 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 mort authorization requirements associated with the base ben from the Medicaid state plan are similar to the exclusion. Base Benchmark Benefit that was Substituted: Organ/Tissue Transplants	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded ons in the base benchmark benefit. Source: Base Benchmark ating the substituted benefit(s) or the duplicate section		
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in benchmark benefit. Benefits for surgery related to more authorization requirements associated with the base benefit medicaid state plan are similar to the exclusion. Base Benchmark Benefit that was Substituted: Organ/Tissue Transplants Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded ons in the base benchmark benefit. Source: Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits:		
Explain the substitution or duplication, including indica 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 mort authorization requirements associated with the base benefitmenthe Medicaid state plan are similar to the exclusion Base Benchmark Benefit that was Substituted: Organ/Tissue Transplants Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Essen	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded ons in the base benchmark benefit. Source: Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits:		
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in benchmark benefit. Benefits for surgery related to more authorization requirements associated with the base benefitment the Medicaid state plan are similar to the exclusion. Base Benchmark Benefit that was Substituted: Organ/Tissue Transplants Explain the substitution or duplication, including indicating 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization	Base Benchmark Iting the substituted benefit(s) or the duplicate section Itial Health Benefits: Istate plan as Inpatient Hospital Services (1) in EHB In amount, duration, and scope to the base bid obesity are comparable because the prior inchmark benefit are restrictive. Services excluded into in the base benchmark benefit. Source: Base Benchmark Iting the substituted benefit(s) or the duplicate section Itial Health Benefits: Istate plan as Inpatient Hospital Services (1) in EHB		
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar is benchmark benefit. Benefits for surgery related to mort authorization requirements associated with the base ben from the Medicaid state plan are similar to the exclusion. Base Benchmark Benefit that was Substituted: Organ/Tissue Transplants Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The base benchmark benefit is more limited in amount,	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded ons in the base benchmark benefit. Source: Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB duration, and scope than the Medicaid state plan		
Explain the substitution or duplication, including indica 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization The Connecticut Medicaid state plan benefit is similar in benchmark benefit. Benefits for surgery related to more authorization requirements associated with the base benefitment the Medicaid state plan are similar to the exclusion. Base Benchmark Benefit that was Substituted: Organ/Tissue Transplants Explain the substitution or duplication, including indicating 1937 benchmark benefit(s) included above under Essen Duplication: Covered under the Connecticut Medicaid 3: Hospitalization	Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB in amount, duration, and scope to the base bid obesity are comparable because the prior nchmark benefit are restrictive. Services excluded ons in the base benchmark benefit. Source: Base Benchmark ating the substituted benefit(s) or the duplicate section tial Health Benefits: state plan as Inpatient Hospital Services (1) in EHB duration, and scope than the Medicaid state plan		



Base Benchmark Benefit that was Substituted: Sour	20 P 3
Reconstructive Surgery Bas	e Benchmark Remove
Explain the substitution or duplication, including indicating 1937 benchmark benefit(s) included above under Essential F	Health Benefits:
Duplication: Covered under the Connecticut Medicaid state 3: Hospitalization (neither base benchmark nor Medicaid co	
The base benchmark benefit is similar in amount, duration, a The Medicaid state plan benefit limits and prior authorization the same as the limits and prior authorization requirements u	n requirements for reconstructive surgery are
Base Benchmark Benefit that was Substituted: Maternity Care Sour Base	rce: e Benchmark Remove
Explain the substitution or duplication, including indicating 1937 benchmark benefit(s) included above under Essential F	
Duplication: Covered under the Connecticut Medicaid state Inpatient Hospital Services - Maternity (1), Physician Service Svs (28) and Nurse Mid-Wife Services (17), all in EHB 4: M	ces - Maternity (5.a), Freestanding Birth Center
Base Benchmark Benefit that was Substituted: Sour	
Lab, X-Ray and Other Diagnostic Tests Bas	e Benchmark Remove
Explain the substitution or duplication, including indicating 1937 benchmark benefit(s) included above under Essential F	
Duplication: Covered under the Connecticut Medicaid state EHB 8: Laboratory services	plan as Other Laboratory and X-Ray (3) in
Base Benchmark Benefit that was Substituted: Sour	OBC-191 W
Hospice Care Bas	e Benchmark Remove
Explain the substitution or duplication, including indicating 1937 benchmark benefit(s) included above under Essential F	
Duplication: Covered under the Connecticut Medicaid state Ambulatory patient services	plan as Hospice Care Services (18) in EHB 1:
Base Benchmark Benefit that was Substituted: Sour	
Durable Medical Equipment (DME) Bas	e 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 Supplies, Equipment and Appliances (7.c.) in EHB 7: Rehal	
Base Benchmark Benefit that was Substituted:	PER SON
Hearing Services (testing, trtmt and supplies) Bas	e Benchmark Remove



TN: 22-0021

Superseded TN: 22-0011

Alternative Benefit Plan

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

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Outpatient Hospital or Other Covered Facility Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a), Clinic Services: MH and SA Clinics (9.e) and Clinic Services: Methadone Maintenance Clinics (9.f) in EHB 5: MH and SUD services Certain Medicaid limits may be exceeded based on medical necessity and other soft limit probably exists in the base benchmark plan through claims processing. Base Benchmark Benefit that was Substituted: Professional Services 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:	
1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a), Clinic Services: MH and SA Clinics (9.e) and Clinic Services: Methadone Maintenance Clinics (9.f) in EHB 5: MH and SUD services Certain Medicaid limits may be exceeded based on medical necessity and other soft limit probably exists in the base benchmark plan through claims processing. Base Benchmark Benefit that was Substituted: Professional Services Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section	ve
MH/SUD (2.a), Clinic Services: MH and SA Clinics (9.e) and Clinic Services: Methadone Maintenance Clinics (9.f) in EHB 5: MH and SUD services Certain Medicaid limits may be exceeded based on medical necessity and other soft limit probably exists in the base benchmark plan through claims processing. Base Benchmark Benefit that was Substituted: Professional Services Source: Base Benchmark Remo Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section	ve
the base benchmark plan through claims processing. Base Benchmark Benefit that was Substituted: Professional Services Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section	ve
Professional Services Base Benchmark Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section	ve
1737 benefitials benefit(3) metaded above under Essential fieatiff Delicitis.	
Duplication: Covered under the Connecticut Medicaid state plan as Outpatient Hospital Services - MH/SUD (2.a), Physician Services - MH/SUD (5.a) and Clinic Services: MH and SA Clinics (9.e) in EHB 5: MH and SUD services	
Certain Medicaid limits may be exceeded based on medical necessity, and the other soft limits probably exist in the base benchmark plan through claims processing.	
Base Benchmark Benefit that was Substituted: Covered Medications and Supplies Source: Base Benchmark Remo	
Tellio .	ve
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: Covered under the Connecticut Medicaid state plan as Prescribed Drugs (12.a) in EHB 6: Prescription drugs	
Base Benchmark Benefit that was Substituted: Source:	
Preventive Care, Adult Base Benchmark Remo	ve
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: Covered under the Connecticut Medicaid state plan as Physician Services - Preventive and Wellness (5.a) in EHB 9: Preventive and wellness services and chronic disease management	
Base Benchmark Benefit that was Substituted: Preventive Care, Children Source: Base Benchmark Remo	
Remo	ve
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Duplication: Covered under the Connecticut Medicaid state plan as Physician Services - Preventive and Wellness (5.a) in EHB 9: Preventive and wellness services and chronic disease management and EPSDT (4.b) in EHB 10: Pediatric services including oral and vision care	



		Add



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: Dental Benefit Base Benchmark Source: Base Benchmark	Remove
Explain why the state/territory chose not to include this benefit:	
Non-pediatric dental services are an excepted benefit pursuant to 45 CFR 156.115(d)	
	Add



Other 1937 Covered Benefits that are not Essentia	al Health Benefits	Collapse All 🗌
Other 1937 Benefit Provided:	Source:	
Optometrist Services (for Adults)	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:		•
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:		1
- Limits for Dental Services apply (see "Den services)	tal Services (for Adults)" in EHB 1: Ambulatory patient	
Other 1937 Benefit Provided:	Source:	I
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:		I
	nited to once every seven years, except if medically necessary	
respondent of run und purious desitures in	med to show every severy ears, except it inclinating necessary]

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Other:		
Other 1937 Benefit Provided:	Source:	
Other Medical Care: Non-Emergency Transportation	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Brokered transportation		
Other 1937 Benefit Provided:	Source:	
Eyeglasses	Section 1937 Coverage Option Benchmark Benefit Package	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	r per two year period unless it is medically necessary	
because of a change in the cheft's fredical 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 pr in EHB 1: Ambulatory patient services) Connecticut does not have any Rural Health Clinics (rovided by FQHCs (see "Dental Services (for Adults)"	
Connecticut does not have any Kurai rreami Chines (
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 pren	atal or postpartum care that is not high risk	
Other: -The cost of services provided by the home health ag appropriate institution -Prior authorization required for more than 14 hours	ency may not exceed the cost if the client were in the per week	
O.1 100ED (%) D. 11.1	-	
Other 1937 Benefit Provided:	Source:	
Other 1937 Benefit Provided: Other Practitioner: Naturopath	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Section 1937 Coverage Option Benchmark Benefit	Remove
Other Practitioner: Naturopath	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other Practitioner: Naturopath Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: Only for clients under age 21 Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: Only for clients under age 21	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: Only for clients under age 21 Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None month to the the same provider Source:	Remove
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: Only for clients under age 21 Other: -Authorization required for more than five visits per a	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None month to the the same provider	Remove
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: Only for clients under age 21 Other: -Authorization required for more than five visits per action. Other 1937 Benefit Provided:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None month to the the same provider Source: Section 1937 Coverage Option Benchmark Benefit	
Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: Only for clients under age 21 Other: -Authorization required for more than five visits per of the content of the cont	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None month to the the same provider Source: Section 1937 Coverage Option Benchmark Benefit Package	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		
Only for services described in the IEP and otherwise 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:	
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/Audio		
Habilitative services and devices - Home Health Ser	vices	
Other 1937 Benefit Provided:	Source:	
Rehab Services: PNMI for Adults	Section 1937 Coverage Option Benchmark Benefit	Remove
Authorization:	Package Provider Qualifications:	7101110
Prior Authorization	Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
	None	
Scope Limit:		
Other:		



Other 1937 Benefit Provided: Rehab Services: PNMI for Children	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		
Other 1937 Benefit Provided:	Source:	
Rehab Services: Psychiatric Svs to Children	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		
-Must be an approved rehabilitative model -Requires registration For the IIACPS (Intensive In-Home, Child and Ado authorization is required in specified circumstances	lescent Psychiatric Services) model only, concurrent	
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 pro-	ovided 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 diagn	ostic evaluation.	
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Licensed ADC Svs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Prior authorization required only for psychiatric diagn	ostic 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 diagr	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 diagrams.	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:	
N. I	Daration Dillin.	
None	None	
None Scope Limit:		
Scope Limit:		
Scope Limit: None	None	
Scope Limit: None Other: Prior authorization required only for psychiatric diagr Other 1937 Benefit Provided:	None nostic evaluation. Source:	
Scope Limit: None Other: Prior authorization required only for psychiatric diagr	None nostic evaluation.	Remove
Scope Limit: None Other: Prior authorization required only for psychiatric diagr Other 1937 Benefit Provided:	None nostic evaluation. Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Scope Limit: None Other: Prior authorization required only for psychiatric diagr Other 1937 Benefit Provided: Preventive Services: Autism Spectrum Disorder Svcs	None None Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove



Amount Limit:	Duration Limit:	1
None	None	
Scope Limit:		1
Only for Medicaid beneficiaries under age twenty-or	ne.	
Other:		
federally qualified health center or clinic State Plan b - Comprehensive diagnostic evaluation is covered une practitioner, federally qualified health center or clinic - Behavior assessment, development of the plan of ca benefit in the preventive services State Plan benefit ca - Medical/physical evaluation, comprehensive diagno plan of care required before receiving ASD treatment - Board Certified Behavior Analyst (BCBA) or specific services and must supervise all ASD treatment services	patient hospital, physician, other licensed practitioner, enefit category, as applicable. der the outpatient hospital, physician, other licensed State Plan benefit category, as applicable. re, and ASD treatment services covered under this ategory. stic evaluation, behavior assessment, and behavioral services. fied licensed practitioner provides ASD treatment es provided by Board Certified Assistant Behavior ed licensed practitioner also provides observation and or technicians.	
Other 1937 Benefit Provided: TCM for Clients with Developmental Disabilities	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:		l.
TCM for Clients with Developmental Disabilities is d Attachment 3.1-A(1), Pages 1 through 6.	detailed in the Medicaid State Plan in Supplement 1 to	
Other 1937 Benefit Provided:	Source:	
Community First Choice Pursuant to Section 1915(k)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	i
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	,
See Attachment 3.1-K	None	
	I Date: 09/19/2022	
Superseded IN: 22-0011 Effective	e Date: 06/01/2022	

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Scope Limit:		
See Attachment 3.1-K		
Other: See Attachment 3.1-K for details regarding this benef	it (created through approved SPA 15-012) including	
service components, limits, and provider information.		
Other 1937 Benefit Provided:	Source:	
Behavioral Health Homes Pursuant to Section 1945	Section 1937 Coverage Option Benchmark Benefit 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 benef	it (created through SPA 15-014), including service	
components, limits, and provider information.		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Other Medical Care: Integrated Care Models - PCMH+	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A.		
Other:	ed Medical Home Plus (PCMH+) is an integrated care	
Other: As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit category	ed Medical Home Plus (PCMH+) is an integrated care in section 1905(a)(29) of the Social Security Act and	
Other: As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit category includes the provision of primary care case management.		
Other: As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit category includes the provision of primary care case management Security Act.	v in section 1905(a)(29) of the Social Security Act and ent services as defined in section 1905(t) of the Social	
Other: As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit category includes the provision of primary care case management Security Act. See Attachment 3.1-A for details regarding this benefit category includes the provision of primary care case management security Act.	v in section 1905(a)(29) of the Social Security Act and ent services as defined in section 1905(t) of the Social it (created through SPA 17-0002), including service	
Other: As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit category includes the provision of primary care case management Security Act. See Attachment 3.1-A for details regarding this beneficomponents, limits, and provider information. Authority	in section 1905(a)(29) of the Social Security Act and ent services as defined in section 1905(t) of the Social (created through SPA 17-0002), including service rization not required.	
Other: As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit category includes the provision of primary care case manageme Security Act. See Attachment 3.1-A for details regarding this benef components, limits, and provider information. Author Other 1937 Benefit Provided:	v in section 1905(a)(29) of the Social Security Act and ent services as defined in section 1905(t) of the Social fit (created through SPA 17-0002), including service rization not required. Source:	
Other: As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit category includes the provision of primary care case management Security Act. See Attachment 3.1-A for details regarding this beneficomponents, limits, and provider information. Authority	in section 1905(a)(29) of the Social Security Act and ent services as defined in section 1905(t) of the Social (created through SPA 17-0002), including service rization not required.	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. See Attachment 3.1-A for details regarding this benefit	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 egories.	
provider qualifications, service components, and limit		
The state makes the following assurances:		
MAT is provided as defined in the approved state plan B pages. MAT is provided in accordance with 1905(a)(29) for the September 30, 2025.	n Attachment 3.1-A and if applicable, Attachment 3.1-the period beginning October 1, 2020, and ending	
ner 1937 Benefit Provided:	Source:	
THousing Engagement and Support Services (CHESS)	Section 1937 Coverage Option Benchmark Benefit Package	Remov
	1 uchuge	
Authorization:	Provider Qualifications:	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Prior Authorization	Medicaid State Plan	
	·	
Prior Authorization Amount Limit: See Attachment 3.1-i	Medicaid State Plan	
Prior Authorization Amount Limit:	Medicaid State Plan	
Prior Authorization Amount Limit: See Attachment 3.1-i Scope Limit: See Attachment 3.1-i	Medicaid State Plan	
Prior Authorization Amount Limit: See Attachment 3.1-i Scope Limit: See Attachment 3.1-i Other: As described in Attachment 3.1-i, the Connecticut Ho an optional state plan home and community-based ser Security Act. The purpose of CHESS is to improve here.	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	



Other 1937 Benefit Provided: Other Licensed Practitioner: Acupuncture Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A of the Medicaid State Plan for	details. No authorization requirements.	
Other 1937 Benefit Provided: Other Licensed Practitioner: Chiropractor Services	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	
Other: See Attachment 3.1-A of the Medicaid State Plan for	ttachment 3.1-A of the Medicaid State Plan for details. details.	
Other 1937 Benefit Provided: Routine Patient Costs Qualifying Clinical Trials	Source: 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), 1905 3.1-A of the Medicaid State Plan.	5(gg), and 1937(b)(5). See section 30 of Attachment	
Other: Effective January 1, 2022, Routine Patient Services A Trials is added as a mandatory benefit under the ABP		
	al Date: 09/19/2022 e Date: 06/01/2022	



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.

ner 1937 Benefit Provided: JD Svcs Rehab Benefit - Outpatient & Residential	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Attachment 3.1-A	See Attachment 3.1-A	
Scope Limit:		
See Attachment 3.1-A		
Other: As set forth in Attachment 3.1-A, effective June 1, 20 limits, duration limits, and scope limits are the same	022. All authorization, provider qualifications, amount as set forth in Attachment 3.1-A.	

Add



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



	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 managed. 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):	

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V.20130718



State Name: Connecticut	Attachment 3.1-L-	OMB Control Number:	09381148
Transmittal Number: CT - 21 - 0036			
Employer Sponsored Insurance and Payment of Pro	emiums		ABP9
The state/territory provides the Alternative Benefit Plan through t with such coverage, with additional benefits and services provided Package.	1 7 1 1	¥ 1	No
The state/territory otherwise provides for payment of premiums.		No	
Other Information Regarding Employer Sponsored Insurance or P	ayment of Premiums:		

PRA Disclosure Statement

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V.20160722

TN: 22-0021 Superseded TN: 22-0011 Approval Date: 09/19/2022 Effective Date: 06/01/2022



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

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V.20130807



Attachment 3.1-L
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

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V.20130807