## **Table of Contents**

State/Territory Name: CT

State Plan Amendment (SPA) #: 22-0029

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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



December 22, 2022

#### VIA E-MAIL

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

Re: Connecticut State Plan Amendment (SPA) 22-0029

#### Dear Commissioner Gifford:

For your records, this is an approved copy of Connecticut's Alternative Benefit Plan (ABP) State plan amendment (SPA) CT 22-0029. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. CT.0627.R00.13) on September 30, 2022 meets all federal statutory and regulatory requirements for establishing an ABP.

The state submitted this SPA to update the Alternative Benefit Plan (ABP) to add coverage and reimbursement for Community Violence Prevention Services.

This SPA was approved December 19, 2022, with an effective date of July 1, 2022. Enclosed are copies of the approved CMS179 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,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Joel Norwood Deborah Alexson Abigail Cotto Candace R. 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-22-0029

#### **Proposed Effective Date**

07/01/2022

(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 July 1, 2022, SPA CT-22-0029 amends the Alternative Benefit Plan to add coverage for community violence prevention services under the preventive services benefit category. This SPA corresponds to SPA CT-22-0028, which

+

### 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:

Sep 30, 2022

Submit Date:

Sep 30, 2022



	OMB	Control Number: 09381148
Attachment 3.1-L-	OMB	Expiration date: 10/31/2014
<b>Alternative Benefit Plan Populations</b>		ABP1
Identify and define the population that will part	ticipate in the Alternative Benefit Plan.	
Alternative Benefit Plan Population Name:	Medicaid Coverage for the Lowest-Income Populations (MC	LIP)
Identify eligibility groups that are included in t targeting criteria used to further define the popular	he Alternative Benefit Plan's population, and which may contaulation.	in individuals that meet any
Eligibility Groups Included in the Alternative B	Benefit Plan Population:	
	Eligibility Group:	Enrollment is mandatory or voluntary?
+ Adult Group		Mandatory X
Enrollment is available for all individuals in the	ese eligibility group(s).	
Geographic Area		
The Alternative Benefit Plan population will in	clude individuals from the entire state/territory.	
Any other information the state/territory wishes	s to provide about the population (optional)	391
	PRA Disclosure Statement	
valid OMB control number. The valid OMB co this information collection is estimated to avera resources, gather the data needed, and complete	1995, no persons are required to respond to a collection of information number for this information collection is 0938-1148. The ge 5 hours per response, including the time to review instruction and review the information collection. If you have comments not get this form, please write to: CMS, 7500 Security Boulevard, A	e time required to complete ons, search existing data concerning the accuracy of

V.20130724

TN: 22-0029 Approval Date: 12/19/22 Superseded TN: 22-0021 Effective Date: 07/01/22

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



Attachment 3.1	-L- [		OMB Control Nu OMB Expiration	
		efit Package or Benchmark-Equivalent		ABP3
Select one of the  The sta  The sta  Name  Selection of the The state/territo Equivalent Ben  Benchm  Benchm	e following:  hte/territory is amend  hte/territory is creatin  of benefit package:  e Section 1937 Cover  ory selects as its Sective fit Package under the  hark Benefit Package.	ing one existing benefit package for the population g a single new benefit package for the population  ABP for MCLIP  rage Option  ion 1937 Coverage option the following type of B his Alternative Benefit Plan (check one):	on defined in Section 1.  defined in Section 1.  Benchmark Benefit Package or Bench	
The sta	delicense i de la compania de la co	ide the following Benchmark Benefit Package (cl Cross/Blue Shield Preferred Provider Option offe	and the state of t	Hoolth Bonofit
O	Program (FEHBP)	어물 (하는데) 날림을 하고 있는데 한 불이 한 사람이 되어 있다면 그 원생님이 되었다. 그는 그는 사람들이 되었다면 하는데 그는데 그를 하는데 하는데 하는데 그를 하는데 그렇게 되었다. 그는데 그를 하는데 그를 그를 하는데 그를	ered inrough the rederal Employee i	realm Benefit
C	State employee co	verage that is offered and generally available to st	tate employees (State Employee Cov	erage):
С	A commercial HM HMO):	O with the largest insured commercial, non-Medi	icaid enrollment in the state/territory	(Commercial
•	Secretary-Approve	ed Coverage.		
	• The state/terri	tory offers benefits based on the approved state pl	lan.	
		tory offers an array of benefits from the section 19 ges, or the approved state plan, or from a combina		chmark plan
	C The state/	territory offers the benefits provided in the approv	ved state plan.	
	O Benefits i	nclude all those provided in the approved state pla	an plus additional benefits.	
	C Benefits a	are the same as provided in the approved state plan	n but in a different amount, duration	and/or scope.
	C The state/	territory offers only a partial list of benefits provi	ided in the approved state plan.	
	C The state/	territory offers a partial list of benefits provided in	n the approved state plan plus addition	onal benefits.
	Please briefly iden	ntify the benefits, the source of benefits and any li	mitations:	
	The ABP benefits same as those in t	are the same as in and are from Connecticut's Mohe state plan.	edicaid state plan, and the limitations	s are the

TN: 22-0029 Superseded TN: 22-0021

Selection of Base Benchmark Plan



currently approved Medicaid state plan.

## **Alternative Benefit Plan**

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.
The Base Benchmark Plan is the same as the Section 1937 Coverage option. No
Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:
C Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
C 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

Page 2 of 2



	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 Benef	ĭt Plan.
Attachment 4.18-A may be revised to include cost sharing for ABP services that are no cost sharing must comply with Section 1916 of the Social Security Act.	ot otherwise described in the state plan. Any such
The Alternative Benefit Plan for individuals with income over 100% FPL includes co Attachment 4.18-A.	st-sharing other than that described in No
Other Information Related to Cost Sharing Requirements (optional):	
Connecticut does not require any cost-sharing in Attachment 4.18-A.	

## PRA Disclosure Statement

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

V.20130807

Page 1 of 1



	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 Secret Approved."	ary-Approved. Otherwise, enter "Secretary-
Secretary-Approved	



Essential Health Benefit 1: Ambulatory patient serv	rices	Collapse All
Benefit Provided:	Source:	
Clinic Services: Ambulatory Surgery Center	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	=10
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	]
Scope Limit:		-
None		]
Other information regarding this benefit, include benchmark plan:	ding the specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	-
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	1
Amount Limit:	Duration Limit:	_
None	None	1
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:	2012
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	<del></del>
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
See "Other information"	See "Other information"	
Scope Limit:		202
Surgical services for morbid obesity, except a	s described in "Other information"	]

TN: 22-0029 Superseded TN: 22-0021



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

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

Benefit Provided:	Source:	
Certified Pediatric or Family Nurse Practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	.6
Other Practitioner: Nurse Practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	5
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
Benefit Provided:	6	V
Other Practitioner: Physician Assistant	Source: State Plan 1905(a)	Remove
	Provider Qualifications:	Remove
Authorization:	Medicaid State Plan	

Page 3 of 45



Duration Limit:	
None	
ling the specific name of the source plan if it is not the base	
Source:	
State Plan 1905(a)	Remove
Provider Qualifications:	1.0
Medicaid State Plan	
Duration Limit:	
None	
ling the specific name of the source plan if it is not the base	
Source:	2
Source: State Plan 1905(a)	Remove
State Plan 1905(a)	Remove
<del></del>	Remove
State Plan 1905(a)  Provider Qualifications:	Remove
State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove
State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove
	None  ling the specific name of the source plan if it is not the base  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:

TN: 22-0029 Superseded TN: 22-0021



Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	
enefit Provided:	Source:	
amily 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	
De Desput des	None	
Scope Limit: None		
Scope Limit:  None  Other information regarding this benefit, including benchmark plan:	None  In the specific name of the source plan if it is not the base female condoms (30) and spermicide (one) - may be	
Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Monthly quantity limits for male condoms (36),	ng the specific name of the source plan if it is not the base	
Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Monthly quantity limits for male condoms (36), exceeded with authorization	ng the specific name of the source plan if it is not the base female condoms (30) and spermicide (one) - may be	Remove
Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Monthly quantity limits for male condoms (36), exceeded with authorization  enefit Provided:  dedical and Surgical Services by a Dentist	g the specific name of the source plan if it is not the base female condoms (30) and spermicide (one) - may be  Source:	Remove
Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Monthly quantity limits for male condoms (36), exceeded with authorization  mefit Provided:	g the specific name of the source plan if it is not the base female condoms (30) and spermicide (one) - may be  Source:  State Plan 1905(a)	Remove
Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Monthly quantity limits for male condoms (36), exceeded with authorization  enefit Provided:  dedical and Surgical Services by a Dentist  Authorization:	g the specific name of the source plan if it is not the base female condoms (30) and spermicide (one) - may be  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Monthly quantity limits for male condoms (36), exceeded with authorization  enefit Provided:  dedical and Surgical Services by a Dentist  Authorization:  None	g the specific name of the source plan if it is not the base female condoms (30) and spermicide (one) - may be  Source:  State Plan 1905(a)  Provider Qualifications:	Remove
Scope Limit:  None  Other information regarding this benefit, including benchmark plan:  Monthly quantity limits for male condoms (36), exceeded with authorization  enefit Provided:  dedical and Surgical Services by a Dentist  Authorization:  None  Amount Limit:	source:  Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove

TN: 22-0029 Superseded TN: 22-0021



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 of	or for prenatal or postpartum care that is not high risk	
benchmark plan:	cluding the specific name of the source plan if it is not the base	
appropriate institution	han two visits per day and more than two days per week	
Benefit Provided:	Source:	
Podiatrist Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	Lys E
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	,	
None		
Other information regarding this benefit, in benchmark plan:	cluding 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:	12
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	See "Other information"	
Scope Limit:		
See "Other information"		
benchmark plan:	cluding the specific name of the source plan if it is not the base	
	a summary of limits is as follows: Prior authorization required	A
TN: 22-0029	Approval Date: 12/19/22	



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

Benefit Provided:	Source:	Janeary and Adaptat
Hospice Care Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	
Scope Limit:	- 20	
None		
	the specific name of the source plan if it is not the base	
benchmark plan:  Authorization required for inpatient hospice care af	ter five days	
rumorization required for inpatient hospice care at	act tive days	11000

Add

TN: 22-0029 Superseded TN: 22-0021



11000		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		
		_a_s
Benefit Provided: Other: Transportation - Ambulance	Source: State Plan 1905(a)	Demove
Other: Transportation - Ambulance	State Plan 1905(a)	Remove
A-14 5: 650 2000	100 per 000 pe	Remove
Other: Transportation - Ambulance  Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Other: Transportation - Ambulance  Authorization:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Other: Transportation - Ambulance  Authorization:  None  Amount Limit:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other: Transportation - Ambulance  Authorization:  None  Amount Limit:  None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other: Transportation - Ambulance  Authorization: None  Amount Limit: None  Scope Limit: None	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other: Transportation - Ambulance  Authorization:  None  Amount Limit:  None  Scope Limit:  None  Other information regarding this benefit, including	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None	Remove

TN: 22-0029 Superseded TN: 22-0021



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"		
	it, including the specific name of the source plan if it is not the base	
benchmark plan:	it, including the specific name of the source plan if it is not the base mission for elective stays (i.e., all admissions that are neither	
benchmark plan:  Prior authorization required before ad emergencies nor maternity).  Surgical services to treat morbid obes illness is caused by, or aggravated by,		
benchmark plan:  Prior authorization required before ad emergencies nor maternity).  Surgical services to treat morbid obes illness is caused by, or aggravated by, pulmonary system, or physical trauma Inpatient hospital stay is not covered a Tuboplasty and sterilization reverse Inpatient charges related to autop	mission for elective stays (i.e., all admissions that are neither ity (defined by ICD) are limited to instances in which another medical the obesity, including illnesses of the endocrine system or cardio-associated with the orthopedic system.  when one of the following services or procedures are performed: real	

TN: 22-0029 Superseded TN: 22-0021



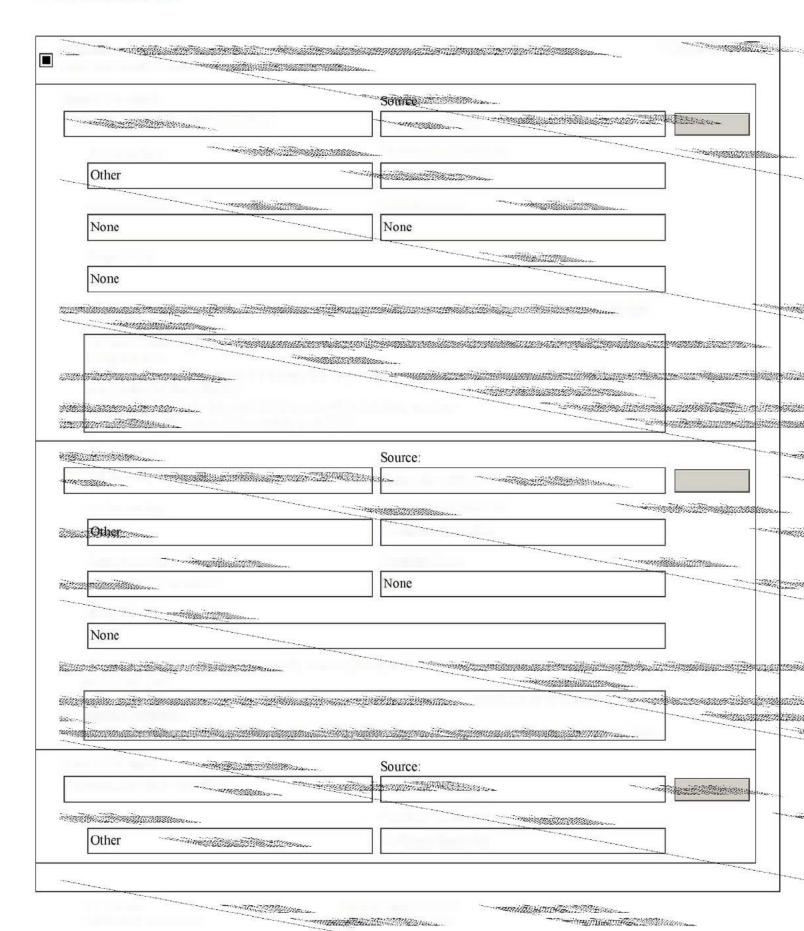
Essen	tial Health Benefit 4: Maternity and newborn care		Collapse All
Bene	fit Provided:	Source:	
Free	standing Birth Center Svs	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration-Limit:	
	None	None	
	Scope Limit:		
	None		
	Other information regarding this benefit, including the enchmark plan:	e specific name of the source plan if it is not the base	
Bene	fit Provided:	Source:	
Nurs	e Midwife Services	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
Г	None	Medicaid State Plan	7
L	Amount Limit:	Duration Limit:	
г	None	None	7
	Scope Limit:		_
	None		
	other information regarding this benefit, including the enchmark plan:	e specific name of the source plan if it is not the base	
Bene	fit Provided:	Source:	
Inpa	tient Hospital Services - Maternity	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		
r	None		
L			i s

TN: 22-0029 Superseded TN: 22-0021



Prior authorization not required for mate	rnity (labor and delivery) stays	
senefit 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 Capply to maternity care	Connecticut's Medicaid state plan for Physician Services do not	







	The same of the sa	
	None	
	and the second s	
None		
	and the second s	
againean ann an t-aireann ann an t-aireann ann an t-aireann ann an t-aireann an t-aireann an t-aireann an t-ai Tailleann an t-aireann an t-aire	and the state of t	interest in the second
	Will the same	
		accommunication of the contract of the contrac
	20,200,000	es-2000 and record
	Source:	
The second secon	A TOP A STATE OF THE STATE OF T	
The state of the s		
		Denimination
Other		
Recession Statement of Process		
The same of the sa	an and a second and	Carren
	None	
201		
None		
CONTRACTOR OF THE PROPERTY OF		
		E   10
		12.
	2000	
	2000	
	Saylor	
	Saurce	
	Saurce	
	Saurce	
Other	Source	
Other	Saurce	
Other	Source	
Other	Saurce None	
Other	Saurce	
Other	Saurce None	

- TOTAL BOTH CONTROL OF THE STREET

- THE THE STATE OF THE STATE OF



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



Essential Health Benefit 6: Prescription drugs		
Benefit Provided:		
Coverage is at least the greater of one drug in each same number of prescription drugs in each categor	나이다. 그러나 이번 경기는 지역 성상을 하느냐 보다 나는 아이라는 것 같아요? 그 사용을 되었다.	트립트를 보고 있는데 이번 시간 전에 프로그램 프로그램 보고 있다. 그리고 있다면 그리고 있다면 그렇게 되었다. 그리고 있다면 그리고 있다.
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
∠ Limit on days supply	Yes	State licensed
Limit on number of prescriptions	5	
Limit on brand drugs		
Other coverage limits		
□ Preferred drug list		
Coverage that exceeds the minimum requirements	or other:	
The State of Connecticut's ABP prescription drug Medicaid state plan for prescribed drugs.	benefit plan is the sai	me as under the approved



Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All
Benefit Provided:	Source:	
Home Health Svs - Med Supplies, Equip & Appliances	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration-Limit:	
See "Other information"	None	
Scope Limit:		_
None		
Other information regarding this benefit, including the benchmark plan:  Quantity limits on a number of supplies including wi	Kulo Amerika (Salaka) (1996) (	
medical necessity	st 15	
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:		<del></del>
Not covered: Services for well child care or for prena	atal or postpartum care that is not high risk	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
-Prior authorization (PA) required for more than nine diagnoses -PT/ST: PA required for more than one initial evaluation-OT: PA required for more than than one initial evaluation.	tion per year and more than two visits per week	
Benefit Provided:	Source:	
Orthopedic and Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	None	



Illitran		None		Other		Source:	client	None	The state of the s		The second secon	Other		Source:		
SOUTH THE STATE OF					Will be a second of the second					The second secon			Control of the second s			

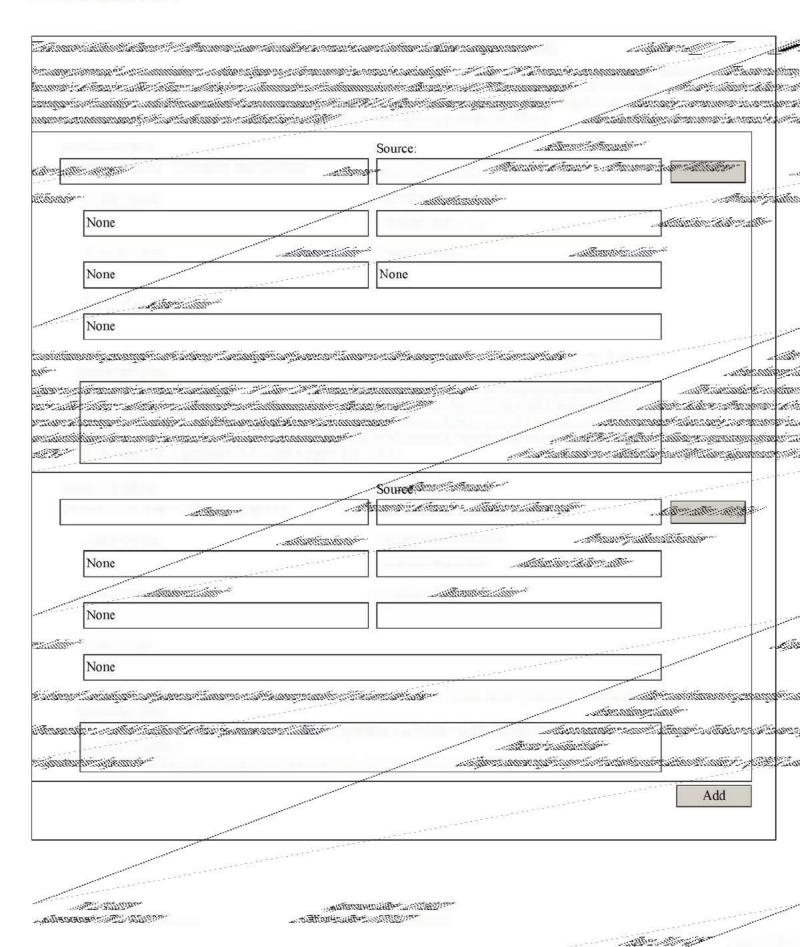


agencies, or rehabilitation clinic) would apply to the provision of the habilitative service.	
L.	Add
	7100



Benefit Provided:	Source:		
Other Lab and X-Ray Services	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:	==0	
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None None			
Scope Limit:			
None			
Other information regarding this benefit, include benchmark plan:	ing the specific name of the source plan if it is not the base		
-A number of advanced imaging services require- Genetic testing requires prior authorization	re prior authorization		
-Genetic testing requires prior authorization		Add	







Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	=0
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		7
Other information regarding this benefit, in benchmark plan:	icluding the specific name of the source plan if it is not the base	<del></del>
	on-emergency dental services; however, prior authorization not diagnostic, prevention, basic restoration procedures, nonsurgical	
		<del></del>



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



	Source:	
ASSESSED TO SECURITY OF THE PARTY OF THE PAR	Mente 22000000	
morania de la companya del companya de la companya della companya		
320 (532cm)	37900 444304	
	Source:	Bill Marin.
The same of the sa	- Alle California	
partition and the second secon	t various sur austrius (inclusion). Til various sur austrius (inclusion) (incl	and the same of the same
	**************************************	W.1   E-04 PEAC - WATER-CO.1
		네이트 (1982년 - 1982년 - 1
	700000000000000000000000000000000000000	
	Source:	
		F. F. S. S. L.
A STATE OF THE STA	5. 8. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	
	Source:	
	Source:	
Foot Care	Source:  Source:	
Foot Care	Source:  Source:	
Foot Care	Source:  Source:	
Foot Care	Source:  Source:	



		Source:	
AND THE PROPERTY OF THE PARTY O	CONTRACTOR OF THE STREET		
			11000 120 120 120 120 120 120 120 120 12
The Cather College.			
van en	COMPRODUCED PROBLEM		
BECHELLER BETTER BE			ins man
[18] [18] - 이번 📕 (18] - 18] 18 (18)			
The state of the s		Source	erreither
	26 Ellown.		
			- Tanisimo
The same of the sa	Canada Calabara	Source	
	assert Comments		illian.
	**************************************		
			reinaineis.
Residence of Teach Tree of California California (California California Calif	didagger	The state of the s	
	SSEA S 0 2 F F 11 POST 17 W A S 2 F 1		
and the second s	L'Estatement de l'Estatement de l'Estatement de l'Estatement de l'Estatement de l'Estatement de l'Estatement d	The state of the s	
the second secon	L'Estatement de l'Estatement de l'Estatement de l'Estatement de l'Estatement de l'Estatement de l'Estatement d		
		Source	
		Sowce	
		Source	
		Source	
		Source	
		Sower	
		Source	
		Sower	
		Source	

THE THE STATE OF T

The state of the s



an		Zamiano dila siadi
200 str		
	THE OWNER OF THE PARTY OF THE P	
	A STATE OF THE STA	크
	Source:	
	The state of the s	
Marie Company of the		
And the state of t		
ng a strong the attention of the state of th	Titum	
	Was Zill Philipping	aadii saadaa dhadhadha
Year.		- Company
	Course	
	Source.	
and the same of th		
		ii mini kanananin
And the state of t		
	South State Control of the Sta	and the second second
The state of the s		
	Source:	
AND THE PROPERTY OF THE PARTY O		
		reitailitroitan etiias.
and the same of th		
	and the second s	
actorise species and property to the second species and the second species are species and the second species and the second species are species and the second species and the second species are species a	and the second s	
the state of the s		1308978
	90.22.23.34.44.44.44.44.44.44.44.44.44.44.44.44	*-
The state of the s		north and the second
25 Tallian		
The second		BUSINIST BUSIN
	Source:	
and the second second		
142014200000000000000000000000000000000	alle Collins	The same statement of the
		U 1866/00/00/00/00
		andersanien sa
		200
		2
and the Control of th		ACTION COMPANY AND A SECURITY OF THE PARTY O
		. It was the same and the same

TOTAL TOTAL STREET

- - THE THEOREM STATES



Management of the state of the	Source:	Source:	Source:		Source:
Source:	Source:	Source:	Source:	Source	Source:

The state of the s

The state of the s



The San		a marendi i usuri
2 Property Control of the Control of		and the second second
Salar Sa		
		ricinentaminani
	Source:	
STREET,	The state of the s	
7. Care		
		_
27		
	Experiment of the control of the con	1
	Source:	
Sauton, Ton Colons, Con Co. Ton Co.	annia de la companya	
	(Masheum	
		ina selim iranggiring
Wallacon.		
	750	
ing and the second s		Partie of the state of the stat
ACT TO THE PROPERTY OF THE PRO		
		26113229990m
		Millimen.
vary.	Source	
vary.	Source	55555 555 555 55 55 55 55 55 55 55 55 5
vary.	Source	
vary.	Sawce	
vary.	Source	
vary.	Source	
vary.	Source	
vary.	Source:	
vary.	Source:	
vary.	Saurce	
vary.	Saurce	
vary.	Source	
vary.	Source:	



Supremental Control of the Control o	The state of the s	
ANGUATUS ESTABLISMENT.		
	Muser.	en e
		*AUTHORNEOUS SE
31 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
4		
		STANSON STANSON
- Constanting		
	Carpone	
San Sunninger	Source	literen.
The state of the s	The second secon	**
511 WOOD - DAE ANSON AS WOO DAE NEW GOD BOT 1927 1128 - DET 1		
		sin sug
The second secon	in and the contract of the con	Minnen.
Para Caraca Cara		
	The same of the sa	
ti a suurusta seesti 200 ja kasutta kasta ka		
		and an armine
	-	
	Source:	The state of the s
	Source:	
	Source:	
	Source:  Source:	
	Source:  Source:	
	Source:  Source:	
	Source: Source:	
	Source: Source:	
	Source: Source:	



Add



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



Other 1937 Covered Benefits that are not Ess	ential Health Benefits	Collapse All
Other 1937 Benefit Provided:	Source:	i
Optometrist Services (for Adults)	Section 1937 Coverage Option Benchmark Benefi 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 Benef	I Pomova
(1965)	Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other"	See "Other"	
Scope Limit:		
See "Other"		
Other:		
	Dental Services (for Adults)" in EHB 1: Ambulatory patient	
services)		
Other 1937 Benefit Provided:	Source:	
Dentures	Section 1937 Coverage Option Benchmark Benef	Remove
12 700 700	Package	Remove
Authorization:	Provider Qualifications:	_
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See "Other"	See "Other"	
Scope Limit:		

TN: 22-0029 Superseded TN: 22-0021



Other:		10
		0
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:	Ai .
None	None	
Scope Limit:		
None		
Other:		1
Brokered transportation		): 
		6
Other 1937 Benefit Provided:	Source:	
Eyeglasses	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	3
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	9
See "Other"	See "Other"	
Scope Limit:		
None		
Other:		
One pair per clients twenty-one years of age and olde because of a change in the client's medical condition	er per two year period unless it is medically necessary	,
because of a change in the chefit's medical condition	:	
Other 1937 Benefit Provided:	Source:	
FQHCs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	100 - SE
Other	Medicaid State Plan	5
Amount Limit:	Duration Limit:	9
See "Other" re dental services	None	
<u>,                                      </u>		

TN: 22-0029 Superseded TN: 22-0021



Scope Limit:		
See "Other" re dental services		ć.
Other:		
Limits for Dental Services apply to dental services p in EHB 1: Ambulatory patient services) Connecticut does not have any Rural Health Clinics	orovided by FQHCs (see "Dental Services (for Adults)" (RHCs)	
Other 1937 Benefit Provided:	Source:	
Home Health Services - Home Health Aide Svs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	9
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Not covered: Services for well child care or for pre-	natal or postpartum care that is not high risk	
Other:		
-The cost of services provided by the home health as appropriate institution -Prior authorization required for more than 14 hours	gency may not exceed the cost if the client were in the per week	
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Naturopath	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		5
-Authorization required for more than five visits per	month to the the same provider	
Other 1937 Benefit Provided:	Source:	
School Based Child Health Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	B :1 0 1:0	
	Provider Qualifications:	
Other	Medicaid State Plan	



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

TN: 22-0029 Superseded TN: 22-0021



Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
ndependent Therapies	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None None	
Tape Latercapt Greek	role	
Scope Limit:	1	
Only for clients under age 21		
Other:	T/OT/A distance described in FUD 7. Deletitive	
Habilitative services and devices - Home	T/OT/Audiology as described in EHB 7: Rehabilitative and Health Services	
Other 1937 Benefit Provided:	Source:	
Rehab Services: PNMI for Adults	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	4
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None None	j	
Other:		
	I	

TN: 22-0029 Superseded TN: 22-0021



Other 1937 Benefit Provided:  Rehab Services: PNMI for Children	Source: Section 1937 Coverage Option Benchmark Benefit	D
rendo services, i i vivi foi ciniden	Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		
Other 1937 Benefit Provided:	Source:	
Rehab Services: Psychiatric Svs to Children	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		
-Must be an approved rehabilitative model -Requires registration For the IIACPS (Intensive In-Home, Child and A authorization is required in specified circumstant	Adolescent Psychiatric Services) model only, concurrent ces	
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 a	s provided in 42 CFR 441.151(a)(3)	



Other:		
		C.
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:	Ši.
None	None	
Scope Limit:		74
None		
Other:	~	
Prior authorization required only for psychiatric diagn	ostic evaluation.	):
		5
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:	21
None	None	2
Scope Limit:		2
None		
Other:		
Prior authorization required only for psychiatric diagn	ostic evaluation.	
Other 1937 Benefit Provided:	Source:	4
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	

TN: 22-0029 Superseded TN: 22-0021



Other:  Prior authorization required only for psychiatric diagnostic evaluation.  Other 1937 Benefit Provided:  Other Practitioner: Psychologist  Authorization:  Other  Amount Limit:  None  None  Other:  Prior authorization required only for psychiatric diagnostic evaluation.  Source: Section 1937 Coverage Option Benchmark Benefit Package  Re  Re  None  None	move
Other 1937 Benefit Provided: Other Practitioner: Psychologist  Authorization: Other  Amount Limit:  Other provided:  Source: Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	move
Other 1937 Benefit Provided:  Other Practitioner: Psychologist  Authorization:  Other  Amount Limit:  Source: Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	move
Other Practitioner: Psychologist  Authorization: Other  Amount Limit:  Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	move
Authorization:  Other  Amount Limit:  Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:	move
Other Medicaid State Plan  Amount Limit: Duration Limit:	
Amount Limit:  Duration Limit:	
None None	
Scope Limit:	
None	
Other:	
Prior authorization required only for psychiatric diagnostic evaluation and psychological testing.	
Other 1937 Benefit Provided:  Licensed Clinical Social Worker  Section 1937 Coverage Option Benchmark Benefit	
Licensed Clinical Social Worker Package Package Re	move
Authorization: Provider Qualifications:	
Other Medicaid State Plan	
Amount Limit: Duration Limit:	
None None	
Scope Limit:	
None	
Other:	
Prior authorization required only for psychiatric diagnostic evaluation.	
Other 1937 Benefit Provided: Source:	
Preventive Services: Autism Spectrum Disorder Svcs  Section 1937 Coverage Option Benchmark Benefit Package  Re	move
Authorization: Provider Qualifications:	
Prior Authorization Medicaid State Plan	



The second section of the section of th	Duration Limit:	
None	None	
Scope Limit:		
Only for Medicaid beneficiaries under age twenty-o	ne.	
Other:		
summary of key provisions in Attachment 3.1-A incl-Medical / physical evaluation covered under the outfederally qualified health center or clinic State Plant - Comprehensive diagnostic evaluation is covered unpractitioner, federally qualified health center or clinic - Behavior assessment, development of the plan of cabenefit in the preventive services State Plan benefit of - Medical/physical evaluation, comprehensive diagnoplan of care required before receiving ASD treatment - Board Certified Behavior Analyst (BCBA) or specific services and must supervise all ASD treatment service Analysts (BCaBAs) or technicians. BCBA or specific direction of treatment services provided by BCaBAs	tpatient hospital, physician, other licensed practitioner, benefit category, as applicable. Inder the outpatient hospital, physician, other licensed of State Plan benefit category, as applicable. Inder the outpatient hospital, physician, other licensed of State Plan benefit category, as applicable. Inder the outpatient hospital, physician, other licensed benefit category, as applicable. Inder the outpatient hospital, physician, other licensed under this category. Inder the outpatient services covered under this category. Inder the outpatient hospital, physician, other licensed under this category, as applicable. Inder the outpatient hospital, physician, other licensed under this category, as applicable. Inder the outpatient hospital, physician, other licensed under this category, as applicable. Inder the outpatient hospital, physician, other licensed under this category. Indeed licensed practitioner assessment, and behavioral transfer the physician and or technicians.	
The effective date of these services are the same as v		9
ner 1937 Benefit Provided: CM for Clients with Developmental Disabilities	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remo
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
A CONTRACTOR OF THE PROPERTY O	1. 9 1: 4 3. 1: 110 20 1	
TCM for Clients with Developmental Disabilities is Attachment 3.1-A(1), Pages 1 through 6.	detailed in the Medicaid State Plan in Supplement 1 to	
	Source:	
Attachment 3.1-A(1), Pages 1 through 6.		Remo
Attachment 3.1-A(1), Pages 1 through 6. her 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remo
Attachment 3.1-A(1), Pages 1 through 6.  ther 1937 Benefit Provided:  mmunity First Choice Pursuant to Section 1915(k)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remo
Attachment 3.1-A(1), Pages 1 through 6.  ther 1937 Benefit Provided:  mmunity First Choice Pursuant to Section 1915(k)  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remo



See Attachment 3.1-K	1	
Other:		
	efit (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:		
components, limits, and provider information.		
Other 1937 Benefit Provided:	Source:	37
Other 1937 Benefit Provided: Other Medical Care: Integrated Care Models - PCMH+	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
	Section 1937 Coverage Option Benchmark Benefit	Remove
Other Medical Care: Integrated Care Models - PCMH+	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other Medical Care: Integrated Care Models - PCMH+  Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other Medical Care: Integrated Care Models - PCMH+  Authorization:  Other	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan	Remove
Other Medical Care: Integrated Care Models - PCMH+  Authorization:  Other  Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other Medical Care: Integrated Care Models - PCMH+  Authorization:  Other  Amount Limit:  None	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other Medical Care: Integrated Care Models - PCMH+  Authorization: Other  Amount Limit: None Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other Medical Care: Integrated Care Models - PCMH+  Authorization:  Other  Amount Limit:  None  Scope Limit:  See Attachment 3.1-A.  Other:  As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit categor includes the provision of primary care case manager Security Act.	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  Pred Medical Home Plus (PCMH+) is an integrated care ry in section 1905(a)(29) of the Social Security Act and ment services as defined in section 1905(t) of the Social	Remove
Other Medical Care: Integrated Care Models - PCMH+  Authorization:  Other  Amount Limit:  None  Scope Limit:  See Attachment 3.1-A.  Other:  As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit categor includes the provision of primary care case manager Security Act.	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  Pred Medical Home Plus (PCMH+) is an integrated care ry in section 1905(a)(29) of the Social Security Act and ment services as defined in section 1905(t) of the Social effit (created through SPA 17-0002), including service	Remove
Other Medical Care: Integrated Care Models - PCMH+  Authorization: Other  Amount Limit: None  Scope Limit: See Attachment 3.1-A.  Other:  As described in Attachment 3.1-A, the Person-Center model within the Other Medical Care benefit catego includes the provision of primary care case manager Security Act.  See Attachment 3.1-A for details regarding this benefits	Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  Pred Medical Home Plus (PCMH+) is an integrated care ry in section 1905(a)(29) of the Social Security Act and ment services as defined in section 1905(t) of the Social effit (created through SPA 17-0002), including service	Remove



TN: 22-0029

# **Alternative Benefit Plan**

Authorization:	Provider Qualifications:
Other	Medicaid State Plan
Amount Limit:	Duration Limit:
See Attachment 3.1-A	
Scope Limit:	
See Attachment 3.1-A	
Other:	
required pursuant to section 1905(a)(29) of the Substance Use-Disorder Prevention that Promot Patients and Communities Act (Pub. L. No. 115	Assisted Treatment (MAT) is a mandatory benefit category Social Security Act, as added by Section 1006(b) of the ses Opioid Recovery and Treatment (SUPPORT) for -271). That federal law provision is currently in effect from All of the services covered under this benefit category were fit categories.
See Attachment 3.1-A for details regarding this provider qualifications, service components, and	benefit (initially created through SPA 21-0014), including d limits.
The state makes the following assurances:	
MAT is provided as defined in the approved star B pages.	te plan Attachment 3.1-A and if applicable, Attachment 3.1-
MAT is provided in accordance with 1905(a)(29 September 30, 2025.	9) for the period beginning October 1, 2020, and ending
er 1937 Benefit Provided:	Source:
Housing Engagement and Support Services (CH	Section 1937 Coverage Option Benchmark Benefit Package Ren
Authorization:	Provider Qualifications:
Prior Authorization	Medicaid State Plan
Amount Limit:	Duration Limit:
See Attachment 3.1-i	
Scope Limit:	
See Attachment 3.1-i	
Other:	
As described in Attachment 3.1-i, the Connectic an optional state plan home and community-bas Security Act. The purpose of CHESS is to improf Medicaid members who have complex health	cut Housing Engagement and Support Services (CHESS) is ed services benefit pursuant to section 1915(i) of the Social rove housing stability and health outcomes for a targeted set a conditions, have experienced homelessness, and have been tenancy sustaining services based on risk factors.

Superseded TN: 22-0021 Effective Date: 07/01/22 Page 42 of 45

Approval Date: 12/19/22



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 fo	or details. No authorization requirements.	
Other 1937 Benefit Provided:	Source:	
Other Licensed Practitioner: Chiropractor Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Other:  See Attachment 3.1-A of the Medicaid State Plan for	Attachment 3.1-A of the Medicaid State Plan for details.  or 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), 19 3.1-A of the Medicaid State Plan.	05(gg), and 1937(b)(5). See section 30 of Attachment	
Other:  Effective January 1, 2022, Routine Patient Services Trials is added as a mandatory benefit under the AE	Associated with Participation in Qualifying Clinical BP pursuant to section 1937(b)(5) of the Act and is	
	roval Date: 12/19/22 ctive Date: 07/01/22	



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.

her 1937 Benefit Provided:	Source:	
UD Svcs Rehab Benefit - Outpatient & Residentia	Section 1937 Coverage Option Benchmark Benefit Package	Remov
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 limits, duration limits, and scope limits are the s	1, 2022. All authorization, provider qualifications, amount game as set forth in Attachment 3.1-A	
, , , , , , , , , , , , , , , , , , , ,		
L		
her 1937 Benefit Provided:	Source:	
her 1937 Benefit Provided: reventive Svcs:Community Violence Prevention S	Cti 1027 C O-ti D	Remov
	Section 1937 Coverage Option Benchmark Benefit	Remov
reventive Svcs:Community Violence Prevention S	vcs Section 1937 Coverage Option Benchmark Benefit Package	Remov
reventive Svcs:Community Violence Prevention S  Authorization:	vcs Section 1937 Coverage Option Benchmark Benefit Package  Provider Qualifications:	Remov
reventive Svcs:Community Violence Prevention S  Authorization:  Other	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan	Remov
Authorization: Other Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
Authorization: Other Amount Limit: See Attachment 3.1-A	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
Authorization: Other Amount Limit: See Attachment 3.1-A Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remov
Authorization: Other  Amount Limit: See Attachment 3.1-A  Scope Limit: See Attachment 3.1-A  Other: As described in Attachment 3.1-A of the Medic	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:  See Attachment 3.1-A  aid State Plan, effective July 1, 2022, community violence within the preventive services Medicaid State Plan	Remov



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

#### PRA Disclosure Statement

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

V.20130814



OMB Control Number: 09381148

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



The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

#### PRA Disclosure Statement

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

V.20130807

TN: 22-0029 Superseded TN: 22-0021



	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):	

#### PRA Disclosure Statement

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

V.20130718



State Name: Connecticut	Attachment 3.1-L-	OMB Control Number: 09381148
Transmittal Number: <u>CT</u> - <u>22</u> - <u>0029</u>		
Employer Sponsored Insurance and Payment of	of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan throwith such coverage, with additional benefits and services propackage.	회사님들이 얼마나 가지 않는 아무슨 내가 있는데 가지 않는데 가득하게 살아 먹는데 가득하다고 하는데 있다.	[12] [1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
The state/territory otherwise provides for payment of premiu	ums.	No
Other Information Regarding Employer Sponsored Insurance	ce or Payment of Premiums:	

#### PRA Disclosure Statement

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

V.20160722

TN: 22-0029 Superseded TN: 22-0021



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

#### PRA Disclosure Statement

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

V.20130807

Page 1 of 1



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

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

V.20130807

TN: 22-0029 Superseded TN: 22-0021