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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 22-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page(s)



Medicaid and CHIP Operations Group

March 9, 2023

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 22-0036. This ABP amendment submitted through the Medicaid Model Data Lab (MMDL No. CT.0627.R00.15) on December 27, 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 expand coverage for naturopath services and behavioral health clinician services.

This SPA was approved on March 9, 2023, with an effective date of October 1, 2022. Enclosed are copies of the approved 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,



James G. Scott, Director Division of Program Operations

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Transmittal Number:

Connecticut

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-22-0036

Proposed Effective Date

10/01/2022

(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		h
First Year	2023	\$ 0.00	
Second Year	2024	\$ 0.00	

Subject of Amendment

Effective October 1, 2022, SPA CT-22-0036 amends the Alternative Benefit Plan to expand coverage for naturopath services (by removing the under age 21 limit) and for behavioral health clinician services (by aligning the language with

Amount

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:	Jan 26, 2023
Submit Date:	Dec 27, 2022



	OM	IB Control Number: 09381148
Attachm	ent 3.1-L- OM	IB Expiration date: 10/31/2014
Alterna	tive Benefit Plan Populations	ABP1
Identify a	and define the population that will participate in the Alternative Benefit Plan.	
Alternati	ve Benefit Plan Population Name: Medicaid Coverage for the Lowest-Income Populations (M	ICLIP)
	eligibility groups that are included in the Alternative Benefit Plan's population, and which may con criteria used to further define the population.	tain individuals that meet any
Eligibility	Groups Included in the Alternative Benefit Plan Population:	
	Eligibility Group:	Enrollment is mandatory or voluntary?
+	Adult Group	Mandatory X
Enrollme	ent is available for all individuals in these eligibility group(s). Yes	
Geograp	hic Area	
The Alter	native Benefit Plan population will include individuals from the entire state/territory.	5
Any othe	r information the state/territory wishes to provide about the population (optional)	
	PRA Disclosure Statement	
valid OM this infor- resources the time e	g to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of inf B control number. The valid OMB control number for this information collection is 0938-1148. The mation collection is estimated to average 5 hours per response, including the time to review instruct, gather the data needed, and complete and review the information collection. If you have commen- estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.	The time required to complete tions, search existing data ats concerning the accuracy of

V.20130724



OMB Control Number: 09381148

Attachment 3.1-L-

OMB Expiration date: 10/31/2014

ABP2a

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

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 Yes 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.

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- []		Number: 09381148 on date: 10/31/2014
	State of the second sec	efit Package or Benchmark-Equivalent Benefit Package	ABP3
Select one of the	e following:		
		ing one existing benefit package for the population defined in Section 1.	
The sta	te/territory is creatin	g a single new benefit package for the population defined in Section 1.	
Name	of benefit package:	ABP for MCLIP	
Selection of the	Section 1937 Cover	rage Option	
	-	ion 1937 Coverage option the following type of Benchmark Benefit Package or Be nis Alternative Benefit Plan (check one):	nchmark-
• Benchma	ark Benefit Package.		
C Benchma	ark-Equivalent Bene	fit Package.	
The sta	te/territory will prov	ide the following Benchmark Benefit Package (check one that applies):	
0	The Standard Blue Program (FEHBP)	Cross/Blue Shield Preferred Provider Option offered through the Federal Employe	e Health Benefit
0	State employee cov	verage that is offered and generally available to state employees (State Employee C	Coverage):
C	A commercial HM HMO):	O with the largest insured commercial, non-Medicaid enrollment in the state/territo	ory (Commercial
O	Secretary-Approve	d Coverage.	
	• The state/territ	tory offers benefits based on the approved state plan.	
		tory offers an array of benefits from the section 1937 coverage option and/or base b ges, or the approved state plan, or from a combination of these benefit packages.	enchmark plan
	C The state/	territory offers the benefits provided in the approved state plan.	
	O Benefits i	nclude all those provided in the approved state plan plus additional benefits.	
	C Benefits a	are the same as provided in the approved state plan but in a different amount, durati	ion and/or scope.
	C The state/	territory offers only a partial list of benefits provided in the approved state plan.	
	C The state/	territory offers a partial list of benefits provided in the approved state plan plus add	litional benefits.
	Please briefly iden	tify the benefits, the source of benefits and any limitations:	
	The ABP benefits same as those in t	s are the same as in and are from Connecticut's Medicaid state plan, and the limitati he state plan.	ons are the
Selection of Bas	se Benchmark 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. 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 currently approved 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.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 B	enefit Plan.
Attachment 4.18-A may be revised to include cost sharing for ABP services that a cost sharing must comply with Section 1916 of the Social Security Act.	are not otherwise described in the state plan. Any such
The Alternative Benefit Plan for individuals with income over 100% FPL include Attachment 4.18-A.	es cost-sharing other than that described in No
Other Information Related to Cost Sharing Requirements (optional):	
Connecticut does not require any cost-sharing in Attachment 4.18-A.	

PRA Disclosure Statement

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

V.20130807



	OMB Control Number: 09381148
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."	y-Approved. Otherwise, enter "Secretary-
Secretary-Approved	



Essential Health Benefit 1: Ambulatory patient servi	ces	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		
benchmark plan:	ing the specific name of the source plan if it is not the bas	
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, includi benchmark plan:	ing the specific name of the source plan if it is not the bas	e
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	77.037
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See "Other information"	See "Other information"	
Scope Limit:		
Surgical services for morbid obesity, except as	described in "Other information"	



medical illness is caused by, or aggravated by, the cardio-pulmonary system, or physical trauma asso - Genetic testing requires prior authorization	d by ICD) are limited to instances in which another obesity, including illnesses of the endocrine system or ociated with the orthopedic system rgical procedures listed in EHB-3: Hospitalization under	
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		
Benefit Provided:	Source:	
Other Practitioner: Nurse Practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	4
Amount Limit:	Duration Limit:	
None	None	
None Scope Limit:	None	
	None	
Scope Limit: None	None None	
Scope Limit: None Other information regarding this benefit, including		
Scope Limit: None Other information regarding this benefit, including benchmark plan: Benefit Provided:	the specific name of the source plan if it is not the base Source:	
Scope Limit: None Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	Remove
Scope Limit: None Other information regarding this benefit, including benchmark plan: Benefit Provided:	the specific name of the source plan if it is not the base Source:	Remove



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 bas	se
L		
Benefit Provided: Clinic Services: Medical Clinics	Source:	
	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
None		
	ding the specific name of the source plan if it is not the bas	se
Conternation regarding this benefit, inclusion benchmark plan:		
Conternation regarding this benefit, include benchmark plan:	Source:	
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis Clinics	Source: State Plan 1905(a)	Remove
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis Clinics Authorization:	Source: State Plan 1905(a) Provider Qualifications:	
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis Clinics Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis Clinics Authorization:	Source: State Plan 1905(a) Provider Qualifications:	
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis Clinics Authorization: None Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis-Clinics Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis Clinics Authorization: None Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis Clinics Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, incluse	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other information regarding this benefit, incluse benchmark plan: Benefit Provided: Clinic Services: Dialysis Clinics Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, incluse	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Other information regarding this benefit, inclusion benchmark plan: Benefit Provided: Clinic Services: Dialysis Chinics Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, inclusion	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove

Effective Date: 10/1/2022



Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including	the specific name of the source plan if it is not the base	
benchmark plan:		
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: See "Other information"	Duration Limit:	
	None	5
Scope Limit:		
None		
Conternation regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base emale condoms (30) and spermicide (one) - may be	
Conternation regarding this benefit, including benchmark plan: Monthly quantity limits for-male condoms (36), for		
Other information regarding this benefit, including benchmark plan: Monthly quantity limits for male condoms (36), for exceeded with authorization	emale condoms (30) and spermicide (one) - may be	Remove
Content information regarding this benefit, including benchmark plan: Monthly quantity limits for male condoms (36), for exceeded with authorization	emale condoms (30) and spermicide (one) - may be Source:	Remove
Other information regarding this benefit, including benchmark plan: Monthly quantity limits for-male condoms (36), fe exceeded with authorization senefit Provided: Medical and Surgical Services by a Dentist	Source: State Plan 1905(a)	Remove
Other information regarding this benefit, including benchmark plan: Monthly quantity limits for-male condoms (36), for exceeded with authorization senefit Provided: Medical and Surgical Services by a Dentist Authorization:	emale condoms (30) and spermicide (one) - may be Source: State Plan 1905(a) Provider Qualifications:	Remove
Other information regarding this benefit, including benchmark plan: Monthly quantity limits for-male condoms (36), for exceeded with authorization senefit Provided: Medical and Surgical Services by a Dentist Authorization: None	emale condoms (30) and spermicide (one) - may be Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Other information regarding this benefit, including benchmark plan: Monthly quantity limits for-male condoms (36), for exceeded with authorization Senefit Provided: Medical and Surgical Services by a Dentist Authorization: None Amount Limit: None	emale condoms (30) and spermicide (one) - may be Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan: Monthly quantity limits for-male condoms (36), for exceeded with authorization renefit Provided: Medical and Surgical Services by a Dentist Authorization: None Amount Limit:	emale condoms (30) and spermicide (one) - may be Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other information regarding this benefit, including benchmark plan: Monthly quantity limits for male condoms (36), for exceeded with authorization renefit Provided: Medical and Surgical Services by a Dentist Authorization: None Amount Limit: None Scope Limit: None	emale condoms (30) and spermicide (one) - may be Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove

Effective Date: 10/1/2022_--



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:			
	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	health agency may not exceed the cost if the client were in the han two visits per day and more than two days per week		
enefit Provided:	Source:		
odiatrist Services	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
LAmount 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		
enefit Provided:	Source:		
Dental Services (for Adults)	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:	Teme te	
Other	Medicaid State Plan		
Amount Limit: See "Other information"	Duration Limit:		
Scope Limit:	1		
See "Other information"			
	cluding the specific name of the source plan if it is not the base		
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		



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	and the second se
extractions.	and the second
- 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 an	d
orthodontia	
Benefit Provided: Source:	and the second
Hospice Care Services State Plan 1905(a)	Remove
State Fian 1905(a)	Kelliove
Authorization: Provider Qualifications:	
Authorization required in excess of limitation Medicaid State Plan	
Amount Limit: Duration Limit:	
	-
See "Other information"	
Scope Limit:	
None	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	
Authorization required for inpatient hospice care after five days	-
ranonzanon required for inpatient nospice care after five days	
	Add
	,

Effective Date: 10/1/2022



Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Outpatient Hospital Services - Emergency Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Authorization required within two days of admiss Benefit Provided:	sion 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



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"		
and the second se	mission for elective stays (i.e., all admissions that are neither	1
Prior authorization required before ac emergencies nor maternity). Surgical services to treat morbid obes illness is caused by, or aggravated by	Imission for elective stays (i.e., all admissions that are neither sity (defined by ICD) are limited to instances in which another medica , the obesity, including illnesses of the endocrine system or cardio- a associated with the orthopedic system.	1
 Prior authorization required before ac emergencies nor maternity). Surgical services to treat morbid obes illness is caused by, or aggravated by pulmonary system, or physical traum Inpatient hospital stay is not covered Tuboplasty and sterilization revo Inpatient charges related to auto 	ity (defined by ICD) are limited to instances in which another medica , the obesity, including illnesses of the endocrine system or cardio- a associated with the orthopedic system. when one of the following services or procedures are performed: ersal	1
 Prior authorization required before ac emergencies nor maternity). Surgical services to treat morbid obes illness is caused by, or aggravated by pulmonary system, or physical traum Inpatient hospital stay is not covered Tuboplasty and sterilization revo Inpatient charges related to auto All services/procedures of a plase 	ity (defined by ICD) are limited to instances in which another medica , the obesity, including illnesses of the endocrine system or cardio- a associated with the orthopedic system. when one of the following services or procedures are performed: ersal psy	1



Essential Health Benefit 4: Maternity and ne	wborn 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 benchmark plan:	, including the specific name of the source plan if it is not the bas	e
Benefit Provided:	Source:	
Nurse Midwife 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 benchmark plan:	, including the specific name of the source plan if it is not the bas	e
Benefit Provided:	Source:	
Inpatient Hospital Services - Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization:	Provider Qualifications: Medicaid State Plan	
None	Medicaid State Plan	
None Amount Limit:	Medicaid State Plan Duration Limit:	



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		
benchmark plan:	including the specific name of the source plan if it is not the base	
The prior authorization requirements in 0 apply to maternity care	Connecticut's Medicaid state plan for Physician Services do not	



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Other		
None	None	
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Other		



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	Source	
	Source	
	Source	
Other	Sauce	
Other	Source	
Other	Sauce	
Other	Source None	

and the second



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

Requires registration

Add



I				
	Benefit Provided:			
	Coverage is at least the greater of one drug in each same number of prescription drugs in each categor			
	Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:	
	Limit on days supply	Yes	State licensed	
	Limit on number of prescriptions			
	Limit on brand drugs			
	Other coverage limits			
	Preferred drug list			
	Coverage that exceeds the minimum requirements	or other:		
	The State of Connecticut's ABP prescription drug Medicaid state plan for prescribed drugs.	benefit plan is the sar	me as under the approved	



Essential Health Benefit 7: Rehabilitative and habilitative	e services and devices	Collapse All
Benefit Provided:	Source:	
Home Health Svs - Med Supplies, Equip & Appliances	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	7
Amount Limit:	Duration-Limit:	-
See "Other information"	None	7
Scope Limit:		-
None		ך ו
Other information regarding this benefit, including the benchmark plan: Quantity limits on a number of supplies including wi medical necessity	ne specific name of the source plan if it is not the base ipes, test strips, lancets - may be exceeded based on]
Benefit Provided:	Source:	
Home Health Services - PT/OT/ST/Audiology	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	7
Amount Limit:	Duration Limit:	-
See "Other information"	None	7
Scope Limit:		_
Not covered: Services for well child care or for pren	natal or postpartum care that is not high risk	
benchmark plan: -Prior authorization (PA) required for more than nine	e visits per provider per calendar year for certain	7
diagnoses -PT/ST: PA required for more than one initial evalua -OT: PA required for more than than one initial evalua		
Benefit Provided:	Source:	
Orthopedic and Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	



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Other		Source:	
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None	Other	Source:	
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agencies, or rehabilitation clinic) would apply to the provision of the habilitative service.	
	Add



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

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enefit 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 benchmark plan:	, including the specific name of the source plan if it is not the base	
required for the following dental service	ontia non-emergency dental services; however, prior authorization not es: diagnostic, prevention, basic restoration procedures, nonsurgical hired for some services for clients under 21	
		Add



Other Covered Benefits from Base Benchmark

Collapse All



Base Benchmark Benefits Not Covered due to Substitution of	or Duplication	Collapse All	
Buse Benefiniark Benefit that was Substituted.	Source: Base Benchmark		
Outpatient Hospital or Ambulatory Surgical Center		Remove	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Essent		on	
Duplication: Covered under the Connecticut Medicaid s Clinic Services: Ambulatory Surgery Center (9.a) and C Ambulatory patient services			
The Connecticut Medicaid state plan benefit is similar i benchmark benefit.	in amount, duration, and scope to the base	- traini	
Base Benchmark Benefit that was Substituted:	Source:		
Treatment Therapies	Base Benchmark	Remove	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Essent		on	
Duplication: Covered under the Connecticut Medicaid s EHB 1: Ambulatory patient services (Treatment Therap therapy, renal dialysis and outpatient cardiac rehab)			
Base Benchmark Benefit that was Substituted:	Source:		
Diagnostic and Treatment Services	Base Benchmark	Remove	
Explain the substitution or duplication, including indicated 1937 benchmark benefit(s) included above under Essent		on	
Duplication: Covered under the Connecticut Medicaid s Pediatric or Family Nurse Practitioner (23), Other Pract Physician Assistant (6.d), and Clinic Services: Medical	titioner: Nurse Practitioner (6.d), Other Practitioner		
Base Benchmark Benefit that was Substituted:	Source:	ò	
Allergy Care	Base Benchmark	Remove	
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under Essent		on	
Duplication: Covered under the Connecticut Medicaid s Ambulatory patient services	state plan as Physician Services (5.a) in EHB 1:]	
	Source: Base Benchmark		
Anesthesia	Dase Deneminary	Remove	
Explain the substitution or duplication, including indicated 1937 benchmark benefit(s) included above under Essent		on	
Duplication: Covered under the Connecticut Medicaid s Ambulatory patient services	state plan as Physician Services (5.a) in EHB 1:		



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Add



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



Other 1937 Covered Benefits that are not Essen	ntial 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	Demons
	Package	Remove
Authorization:	Provider Qualifications:	- I
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See "Other"	See "Other"	
Scope Limit:		
See "Other"		
Other:		
	ental Services (for Adults)" in EHB 1: Ambulatory patient	
services)		
Other 1937 Benefit Provided:	Source:	
Dentures	Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	Remove
Authorization:	Provider Qualifications:	- I
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
See "Other"	See "Other"	
Scope Limit:		
	limited to once every seven years, except if medically necessary]



Other:		
ther 1937 Benefit Provided: ther Medical Care: Non-Emergency Transportation	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:		
None		
Other:		
Brokered transportation		
		j.
ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
yeglasses	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 o because of a change in the client's medical condition	older per two year period unless it is medically necessary ion	
ther 1937 Benefit Provided:	Source:	G
QHCs	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	



See "Other" re dental services		
Other:		
Limits for Dental Services apply to dental services in EHB 1: Ambulatory patient services) Connecticut does not have any Rural Health Clinic	provided by FQHCs (see "Dental Services (for Adults)" s (RHCs)	
ther 1937 Benefit Provided:	Source:	
Iome Health Services - Home Health Aide Svs	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Not covered: Services for well child care or for pro-	enatal or postpartum care that is not high risk	
Other:		
appropriate institution	agency may not exceed the cost if the client were in the	
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath	source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath Authorization:	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit:	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit:	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: None Other:	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: None Other:	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: Other: Coverage is the same as the Medicaid State Plan, set	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None ee Attachment 3.1-A, Item 6.e - Naturopathic Services Source:	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: Other: Coverage is the same as the Medicaid State Plan, set ther 1937 Benefit Provided:	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None ee Attachment 3.1-A, Item 6.e - Naturopathic Services	Remove
appropriate institution -Prior authorization required for more than 14 hour ther 1937 Benefit Provided: Other Practitioner: Naturopath Authorization: Authorization required in excess of limitation Amount Limit: None Scope Limit: None Other:	source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None ee Attachment 3.1-A, Item 6.e - Naturopathic Services Source: Section 1937 Coverage Option Benchmark Benefit	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for clients under age 21		
Other:		A-
Only for services described in the IEP and otherwis Medicaid State Plan No other authorization required	se coverable under Section 1905(a), as specified in the	c
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	6
Amount Limit:	Duration Limit:	e e
None	None	
Scope Limit:		
None		SI
Other:	,	,
Other 1937 Benefit Provided: Nursing Facility Services	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package Provider Qualifications:	Kenlove
Authorization: Prior Authorization	Medicaid State Plan	
		The second se
Amount Limit: None	Duration Limit:	
	INONE	
Scope Limit:		0
None		
Other:		8
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	Remove
Authorization:	Package 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 Habilitative services and devices - Home	C/OT/Audiology as described in EHB 7: Rehabilitative and	
Hadmanive services and devices - Home	Health Services	
Other 1937 Benefit Provided:	Source:	
Rehab Services: PNMI for Adults	Section 1937 Coverage Option Benchmark Benefit	Remove
Authorization	Package Provider Qualifications:	
Authorization: Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
		0



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



Other:		
Other 1937 Benefit Provided: Other Practitioner: Professional Counselor Svs Authorization: Other Amount Limit: None Scope Limit: See Attachment 3.1-A Other: Coverage is the same as the Medicaid State Plan, Counselor Services	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None see Attachment 3.1-A, Item 6.j - Licensed Professional	Remove
Other 1937 Benefit Provided: Other Practitioner: Licensed ADC Svs	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit:	Duration Limit:	
None Scope Limit:	None	
See Attachment 3.1-A Other: Coverage is the same as the Medicaid State Plan, Drug Counselor Services	see Attachment 3.1-A, Item 6.k - Licensed Alcohol and	
Other 1937 Benefit Provided: Other Pract: Licensed Marital & Family Therapist	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
L Amount Limit:	Duration Limit:	



Scope Limit:		
See Attachment 3.1-A		
Other:		
Coverage is the same as the Medicaid State Family Therapist Services	e Plan, see Attachment 3.1-A, Item 6.i - Licensed Marital and	
Other 1937 Benefit Provided:	Source:	
Other Practitioner: Psychologist	Section 1937 Coverage Option Benchmark Benefit Package Remov	ve
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A		
Coverage is the same as the Medicaid State Services	e Plan, see Attachment 3.1-A, Item 6.d - Licensed Psychologist	
Other 1937 Benefit Provided:	Source:	
Licensed Clinical Social Worker	Section 1937 Coverage Option Benchmark Benefit Package Remov	ve
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A		
Other:		
Coverage is the same as the Medicaid State Worker Services	e Plan, see Attachment 3.1-A, Item 6.h - Licensed Clinical Social	
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Preventive Services: Autism Spectrum Disorde	Package Remov	ve
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Only for Medicaid beneficiaries under age tw	/enty-one.	
Other:		
See section 13(c) of Attachment 3.1-A for a fu	ull description of this benefit (added by SPA 15-004). Brief	
summary of key provisions in Attachment 3.1		
federally qualified health center or clinic State	the outpatient hospital, physician, other licensed practitioner,	
	ered under the outpatient hospital, physician, other licensed	
	or clinic State Plan benefit category, as applicable.	
	an of care, and ASD treatment services covered under this	
benefit in the preventive services State Plan be		
plan of care required before receiving ASD tra	e diagnostic evaluation, behavior assessment, and behavioral	
	or specified licensed practitioner provides ASD treatment	
	t services provided by Board Certified Assistant Behavior	
Analysts (BCaBAs) or technicians. BCBA or	specified licensed practitioner also provides observation and	
direction of treatment services provided by BC	CaBAs or technicians.	
The effective date of these services are the sar	me as what is approved in the underlying SPA 15-004.	
ner 1937 Benefit Provided:	Source:	
M for Clients with Developmental Disabilities	Section 1937 Coverage Option Benchmark Benefit Package	Remove
M for Clients with Developmental Disabilities Authorization:		Remove
-	Package	Remove
Authorization:	Package Provider Qualifications:	Remove
Authorization: Other	Package Provider Qualifications: Medicaid State Plan	Remove
Authorization: Other Amount Limit:	Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None	Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other:	Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other: TCM for Clients with Developmental Disability	Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other:	Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other: TCM for Clients with Developmental Disability	Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other: TCM for Clients with Developmental Disabilit Attachment 3.1-A(1), Pages 1 through 6.	Package Provider Qualifications: Medicaid State Plan Duration Limit: None ities is detailed in the Medicaid State Plan in Supplement 1 to Source: Source:	Remove
Authorization: Other Amount Limit: None Scope Limit: None Other: TCM for Clients with Developmental Disabilit Attachment 3.1-A(1), Pages 1 through 6. mer 1937 Benefit Provided:	Package Provider Qualifications: Medicaid State Plan Duration Limit: None ities is detailed in the Medicaid State Plan in Supplement 1 to Source: Section 1937 Coverage Option Benchmark Benefit	
Authorization: Other Amount Limit: None Scope Limit: None Other: TCM for Clients with Developmental Disabilit Attachment 3.1-A(1), Pages 1 through 6. her 1937 Benefit Provided: mmunity First Choice Pursuant to Section 191:	Package Provider Qualifications: Medicaid State Plan Duration Limit: None ities is detailed in the Medicaid State Plan in Supplement 1 to Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Other Amount Limit: None Scope Limit: None Other: Other: TCM for Clients with Developmental Disabilit Attachment 3.1-A(1), Pages 1 through 6. mer 1937 Benefit Provided: mmunity First Choice Pursuant to Section 191: Authorization:	Package Provider Qualifications: Medicaid State Plan Duration Limit: None ities is detailed in the Medicaid State Plan in Supplement 1 to Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	

Approval Date: 03/9/2023

Effective Date: 10/1/2022



Other:		
See Attachment 3.1-K for details regarding this ben service components, limits, and provider information	efit (created through approved SPA 15-012), including on.	
Other 1937 Benefit Provided: Behavioral Health Homes Pursuant to Section 1945	Source: 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: 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:	1.00	
model within the Other Medical Care benefit categorincludes the provision of primary care case manager Security Act.	ered Medical Home Plus (PCMH+) is an integrated care ory in section 1905(a)(29) of the Social Security Act and ment services as defined in section 1905(t) of the Social efit (created through SPA 17-0002), including service norization not required.	
Other 1937 Benefit Provided:	Source:	
Medication-Assisted Treatment	Section 1937 Coverage Option Benchmark Benefit	Remove



Authorization:	Provider Qualifications:
Other	Medicaid State Plan
Amount Limit:	Duration Limit:
See Attachment 3.1-A	
Scope Limit:	
See Attachment 3.1-A	
Other:	
 As described in Attachment 3.1-A, Medication-Assister required pursuant to section 1905(a)(29) of the Social Substance Use-Disorder Prevention that Promotes Opi Patients and Communities Act (Pub. L. No. 115-271). October 1, 2020 through September 30, 2025. All of t previously covered under other applicable benefit cate. See Attachment 3.1-A for details regarding this benefit provider qualifications, service components, and limits 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 t September 30, 2025. 	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 gories. it (initially created through SPA 21-0014), including s.
ther 1937 Benefit Provided: T Housing Engagement and Support Services (CHESS)	Source: Section 1937 Coverage Option Benchmark Benefit Package Remove
Authorization:	Provider Qualifications:
Prior Authorization	Medicaid State Plan
Amount Limit:	Duration Limit:
See Attachment 3.1-i	
Scope Limit:	
See Attachment 3.1-i	
Other:	
As described in Attachment 3.1-i, the Connecticut Hou an optional state plan home and community-based serv Security Act. The purpose of CHESS is to improve ho of Medicaid members who have complex health condi determined to be likely to benefit from targeted tenance	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

Effective Date: 10/1/2022



Other 1937 Benefit Provided:	Source:	
Other Licensed Practitioner: Acupuncture Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
See Attachment 3.1-A of the Medicaid State Plan 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	
Scope Limit:		
Scope limited pursuant to 42 CFR 440.60(b). See	Attachment 3.1-A of the Medicaid State Plan for details.	
Other:		
See Attachment 3.1-A of the Medicaid State Plan fo	or details.	
Other 1937 Benefit Provided:	Source:	n
Routine Patient Costs Qualifying Clinical Trials	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See section 30 of Attachment 3.1-A	See section 30 of Attachment 3.1-A	
Scope Limit:		
	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	
TN: 22-0036 Appro Supersedes TN: 22-0029	val Date: 03/9/2023 Effective Date: 1	0/1/2022



limits, duration limits, and scope limits are the same a cross-references section 1905(gg) and except as other and 1905(gg), all services provided under this benefit	rwise specifically provided by sections 1905(a)(30) t follow the same provisions, ole section of Attachment 3.1-A of the Medicaid State yer or demonstration project) that governs each	
Other 1937 Benefit Provided: SUD 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		
As set forth in Attachment 3.1-A, effective June 1, 20 limits, duration limits, and scope limits are the same a	022. All authorization, provider qualifications, amount as set forth in Attachment 3.1-A.	
Other 1937 Benefit Provided: Preventive Svcs:Community Violence Prevention Svcs	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 described in Attachment 3.1-A of the Medicaid St prevention services are a new category of service wit benefit category pursuant to 42 C.F.R. 440.130(c). A See Attachment 3.1-A for details regarding this benefit	hin the preventive services Medicaid State Plan authorization is not required.	
		Add



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

Collapse All

PRA Disclosure Statement

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



	OMB Control Number: 09381148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014 ABP7
EPSDT Assurances	
If the target population includes persons under 21, please complete the following a Prescription Drug Coverage Assurances below.	ssurances regarding EPSDT. Otherwise, skip to the
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 prescrip implementing regulations at 42 CFR 440.347. Coverage is at least the greater category and class or the same number of prescription drugs in each category at	of one drug in each United States Pharmacopeia (USP)
The state/territory assures that procedures are in place to allow a beneficiary to prescription drugs when not covered.	o request and gain access to clinically appropriate
✓ The state/territory assures that when it pays for outpatient prescription drugs c requirements of section 1927 of the Act and implementing regulations at 42 C directly contrary to amount, duration and scope of coverage permitted under section.	FR 440.345, except for those requirements that are
The state/territory assures that when conducting prior authorization of prescrip complies with prior authorization program requirements in section 1927(d)(5)	
Other Benefit Assurances	
The state/territory assures that substituted benefits are actuarially equivalent to plan, and that the state/territory has actuarial certification for substituted benefits	
The state/territory assures that individuals will have access to services in Rura Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2)	
The state/territory assures that payment for RHC and FQHC services is made in 1902(bb) of the Social Security Act.	in accordance with the requirements of section
The state/territory assures that it will comply with the requirement of section 1 2014, to all Alternative Benefit Plan participants at least Essential Health Bene Protection and Affordable Care Act.	가슴 것 같은 것 같
The state/territory assures that it will comply with the mental health and substa 1937(b)(6) of the Act by ensuring that the financial requirements and treatment use disorder benefits comply with the requirements of section 2705(a) of the P requirements apply to a group health plan.	nt limitations applicable to mental health or substance
The state/territory assures that it will comply with section 1937(b)(7) of the Ad Benefit Plan participants include, for any individual described in section 1905 services and supplies in accordance with such section.	
The state/territory assures transportation (emergency and non-emergency) for accordance with 42 CFR 431.53.	individuals enrolled in an Alternative Benefit Plan in



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

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

Attachment 3.1-L-

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

benchmark-equivalent benefit package, including any variation by the participants' geographic area.

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 administrative services organization:

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, pay for performance, fee-forservice care management models/non-risk, contractual incentives as well as the population served via this delivery system.

The Department contracts with three Administrative Services Organizations to provide a managed fee-for-service delivery system. The ASOs manage medical, dental and behavioral health services. The Medical ASO supports a person-centered medical home program and also provides intensive case management. All services are provided by the Department's provider network. All Medicaid beneficiaries are served by this delivery system.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

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State Name: Connecticut

Attachment 3.1-L-

OMB Control Number: 09381148

ABP9

No

Transmittal Number: CT - 22 - 0036

Employer Sponsored Insurance and Payment of Premiums

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Plackage.

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

PRA Disclosure Statement

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

PRA Disclosure Statement

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

Attachment 3.1L-

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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